
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Filing at a Glance

Company:	Allianz Life Insurance Company of North America
Product Name:	LTC RATE FILING 2015 GP2
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	10/16/2015
SERFF Tr Num:	ALLB-130164458
SERFF Status:	Closed-Approved and Filed
State Tr Num:	ALLB-130164458
State Status:	Approved & Filed
Co Tr Num:	LTC RATE FILING 2015 GP2
Implementation	On Approval
Date Requested:	
Author(s):	Carmen Kuechenmeister, Sandy Manos, Chris Hughes, Ouling Lu, Jacob Snyder, Scott Schueller, Joe Thomas, Christopher Delso, Michael Emmert
Reviewer(s):	Janet Houser (primary)
Disposition Date:	06/08/2016
Disposition Status:	Approved and Filed
Implementation Date:	

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Filing Company: Allianz Life Insurance Company of North America

General Information

Project Name: LTC RATE FILING 2015 GP2
Project Number: LTC RATE FILING 2015 GP2
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 60%

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Not Yet Filed
Market Type: Individual
Individual Market Type:
Filing Status Changed: 06/08/2016
State Status Changed: 06/08/2016
Created By: Jacob Snyder
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

October 4, 2015

Re: Allianz Life Insurance Company of North America / NAIC #90611 / FEIN #41-1366075
Individual Long-Term Care Insurance 11-P-Q-VA et al.

Allianz is submitting for review revised long-term care insurance premium rates for the above referenced forms

Generation Protector II Policy Form Series: 11-P-Q-VA

11-R3 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 80% rate increase

11-R2 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 70% rate increase

11-R1 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R4 TWO TIMES COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R5 SIMPLE BENEFIT INCREASE RIDER – 50% rate increase

Base Premium Rates – no rate change

The result of this rate increase on the above COLA riders, if approved, is similar to a 60% aggregate rate increase on the base policy form and associated rider nationally. The revised rates will be guaranteed not to increase for 4 years if the proposed rates are approved.

These forms were sold from 2006 to 2009 in Virginia, and marketed nationwide from 2006 through 2009. These forms are no longer being issued in any state as Allianz stopped issuing all long-term care insurance in 2010.

Some of our pricing assumptions for these Benefit Increase Riders, although based on the best information available at the time, have not been consistent with emerging experience. The current premiums are unreasonably low in comparison to the benefits provided by these riders. A rate increase on the above captioned riders is needed to help to bring premiums to more adequate levels.

In the interest of balancing the needs of policyholders, we are limiting our request to an aggregate 60% increase, although a

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larger increase can be actuarially justified. The attached actuarial memorandum contains justification for this premium increase.

To better enable our policyholders to accommodate these revised premium rates, we will be offering the following options (as available):

- Maintain current benefit amounts by paying the increased premium.
- Avoid the rate increase by cancelling the benefit increase riders. For a limited time, policyholder may cancel the Rider and maintain the percentage increases that have been applied.
- Lessen the impact of the rate increase by reducing benefit amounts and/or benefit periods and/or benefit riders. A reduction may fully or partially offset the premium increase. Benefit amounts must not be less than any minimum policy requirements.
- Elect the reduced paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider.

Policyholders have the option to avoid or reduce the rate increase by cancelling or reducing their COLA riders. As a part of this rate increase, policyholders who reduce or cancel their COLA benefit riders will maintain all of their past COLA benefit increase percentages. A Policy Endorsement reflecting this additional benefit that's above and beyond the original terms of the COLA rider is being filed for approval. This endorsement also contains confirmation of benefit reductions elected by the policyholder to reduce the impact of the rate increase.

Subject to Department approval of this filing, we plan to begin implementing this increase in 2016. The increase would be effective on a policy's next anniversary following the implementation date. Policy owners will be notified at least 60 days prior to the effective date of their increase. In the notification, Allianz will lay out the above policyholder options (as available).

I certify that no further rate schedule increases are anticipated if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

There is a limited number of partnership policyholder under the Generation Protector II policy forms. Our company will follow the relevant partnership statutes when servicing these policyholders.

Thank you for your consideration of this filing. If you have any questions or if you need additional information to complete your review, please contact me at 763-765-7735, or send an email to Ouling.Lu@AllianzLife.com

Sincerely,

Ouling Lu ASA MAAA
Assistant Actuary
Allianz Life Insurance Company of North America

Company and Contact

Filing Contact Information

Ouling Lu, Assistant Actuary	ouling.lu@allianzlife.com
5701 Golden Hills Drive	763-765-7735 [Phone]
Minneapolis, MN 55416	763-765-6306 [FAX]

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Filing Company Information

Allianz Life Insurance Company of
North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
(800) 328-5601 ext. [Phone]

CoCode: 90611
Group Code: 761
Group Name:
FEIN Number: 41-1366075

State of Domicile: Minnesota
Company Type: 02
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Janet Houser	06/08/2016	06/08/2016

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Janet Houser	05/27/2016	05/27/2016
Info has been requested from company	Janet Houser	05/12/2016	05/12/2016
Info has been requested from company	Janet Houser	04/22/2016	04/22/2016
Info has been requested from company	Janet Houser	04/19/2016	04/19/2016
Disapproved	Janet Houser	11/05/2015	11/05/2015

Response Letters

Responded By	Created On	Date Submitted
Michael Emmert	05/31/2016	05/31/2016
Michael Emmert	05/18/2016	05/18/2016
Michael Emmert	04/28/2016	04/28/2016
Michael Emmert	04/28/2016	04/28/2016
Michael Emmert	04/06/2016	04/06/2016

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rate Tables	Michael Emmert	06/08/2016	06/08/2016
Supporting Document	Long Term Care Insurance Rate Request Summary	Michael Emmert	06/08/2016	06/08/2016

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Request Summary	Note To Filer	Janet Houser	06/08/2016	06/08/2016
5/27/16 objection letter	Note To Filer	Janet Houser	05/27/2016	05/27/2016
experience	Note To Reviewer	Scott Schueller	05/26/2016	05/26/2016
experience	Note To Filer	Janet Houser	05/26/2016	05/26/2016
RRS	Reviewer Note	Janet Houser	06/08/2016	

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
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TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Act Review	Reviewer Note	Janet Houser	11/05/2015	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Disposition

Disposition Date: 06/08/2016

Implementation Date:

Status: Approved and Filed

Comment: In approving this filing, the Company is reminded that pursuant to 14VAC5-200-153 D, it is required to provide updated experience for the next three years comparing the actual results to the results that the Company projected in justifying the rate increase. We would expect this filing to be made no later than March 1, 2018 and to include updated data through 2017.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Allianz Life Insurance Company of North America	60.000%	60.000%	\$1,027,284	742	\$1,712,139	80.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document	Actual to Expected Exhibit	Received & Acknowledged	Yes
Supporting Document	Average Premium	Received & Acknowledged	Yes
Supporting Document (revised)	Draft policyholder letter	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on November 5, 2015	Received & Acknowledged	Yes
Supporting Document	Current Assumption Justification	Received & Acknowledged	Yes
Supporting Document	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA	Received & Acknowledged	Yes
Supporting Document (revised)	Documents Provided Alongside the Policyholder Notification Letter	Received & Acknowledged	Yes
Supporting Document (revised)	Statement of Variability	Received & Acknowledged	Yes
Supporting Document	Response to Objections Received on April 19 and 22 2016	Received & Acknowledged	Yes
Supporting Document	Response to Objection Received on May 12, 2016	Received & Acknowledged	Yes

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Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Response to Objection Received on May 27, 2016	Received & Acknowledged	Yes
Supporting Document	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Actuarial Memorandum	Withdrawn	Yes
Supporting Document	L&H Readability - Health	Withdrawn	Yes
Supporting Document	L&H Readability - Health	Withdrawn	Yes
Supporting Document	L&H Readability - Health	Withdrawn	Yes
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	Yes
Supporting Document	Draft policyholder letter	Withdrawn	Yes
Supporting Document	Documents Provided Alongside the Policyholder Notification Letter	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Supporting Document	Statement of Variability	Withdrawn	Yes
Form (revised)	Policyholder Rate Increase Notification Letter	Filed	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Form	Policyholder Rate Increase Notification Letter	Withdrawn	Yes
Rate (revised)	Rate Tables	Approved	Yes
Rate (revised)	N/A	Withdrawn	Yes
Rate (revised)	N/A	Withdrawn	Yes
Rate (revised)	N/A	Withdrawn	Yes
Rate (revised)	N/A	Withdrawn	Yes
Rate	Rate Tables	Withdrawn	Yes
Rate	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	Withdrawn	Yes
Rate	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	Withdrawn	Yes
Rate	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	Withdrawn	Yes
Rate	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	Withdrawn	Yes
Rate	SIMPLE BENEFIT INCREASE RIDER	Withdrawn	Yes

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Filing Company: Allianz Life Insurance Company of North America

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 05/27/2016
Submitted Date 05/27/2016
Respond By Date

Dear Ouling Lu,

Introduction:

Before we may recommend this filing for approval, there are a few outstanding items that need to be resolved as follows:

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please amend the Actuarial Certification for compliance with 14VAC5-200-153 B 2 b to indicate the premium rate filing is in compliance with the provisions of this section.

Objection 2

- 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER, [11-R3] (Rate)
- 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER , [11-R2] (Rate)
- 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER , [11-R1] (Rate)
- TWO TIMES COMPOUND BENEFIT INCREASE RIDER , [11-R4] (Rate)

Comments: Please move the current rate information to Supporting Documentation since these rates are not subject to approval. It is not necessary to list each rider as a separate line item. The forms may all be listed under the "Affected Form Numbers" column and separated by commas.

Objection 3

- Statement of Variability (Supporting Document)
- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

Comments: There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:

The values under for anniversary1 states 3/17/2016 as a minimum an 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase.

Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance.

The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the triggers are met, automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

Conclusion:

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
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We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Filing Company: Allianz Life Insurance Company of North America

Objection Letter

Objection Letter Status Info has been requested from company
Objection Letter Date 05/12/2016
Submitted Date 05/12/2016
Respond By Date

Dear Ouling Lu,

Introduction:

Thank you for your recent request for additional information. Before further consideration may be given, this new information presents the following concerns and/or questions regarding the policyholder letter and associated forms:

Objection 1

- Documents Provided Alongside the Policyholder Notification Letter (Supporting Document)
- Statement of Variability (Supporting Document)
- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

Comments: We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.

Objection 2

- Documents Provided Alongside the Policyholder Notification Letter (Supporting Document)

Comments: 1) Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.

2) According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future. correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?

Objection 3

- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

Comments: The letter references the full corporate name of the insurer and later as only Allianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/22/2016
Submitted Date	04/22/2016
Respond By Date	

Dear Ouling Lu,

Introduction:

After further review by the forms examiner, there are several additional concerns that need to be addressed as follows:

- 1) The Coverage Change Request Form states under Option D that the policy can be paid up through a return of premium rider (ROP). The two ROP riders found in the copies of policy forms submitted with this filing are triggered by the insured's death, not due to an increase in premiums. Please explain how an ROP would be applicable in this situation. If not applicable, please remove this language from the Coverage Change Request and the Frequently Asked Questions section of the letter.*
- 2) The Statement of Variability for the Policy Endorsement regarding the number of notification days prior to a rate increase should be changed to a minimum of 75 days pursuant to 14VAC5-200-75 D.*
- 3) Will the Contingent Benefit Upon Lapse (CBUL) be offered to all policyholders regardless of the triggers? If that is not the case, the CBUL language must be amended for compliance with revised 14VAC5-185 D 3.*

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Filing Company: Allianz Life Insurance Company of North America

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/19/2016
Submitted Date	04/19/2016
Respond By Date	

Dear Ouling Lu,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

Thank you for your recent reply to our request for additional information. Before further consideration may be given, this new information presents the following concerns and /or questions:

Objection 1

- Response to Objection Received on November 5, 2015 (Supporting Document)

Comments: 1. Based on the data provided in Table 4 of the April 6, 2016 response letter, the experienced voluntary lapse rate for durations 7+ is 0.99%. Please provide a sensitivity analysis projection using an ultimate voluntary lapse rate of 1.0%. Please include the corresponding 58/85 test with no reduction in benefits or adverse selection.

2. Please comment on the Company's standard for full credibility and the corresponding credibility of the experience underlying the morbidity assumptions. Please include the number of claims in the historical experience.

Objection 2

- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

Comments: 1) Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?

2) Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.

3) Please include language that advises the insured of the right to a revised premium rate or rate schedule pursuant to 14VAC5-200-75 A 4 b.

4) The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC5-200-75-D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.

5) Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

6) The policy forms are under review by another examiner.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

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Thank you for your courtesy and consideration in this matter.

*Sincerely,
Janet Houser*

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	11/05/2015
Submitted Date	11/05/2015
Respond By Date	

Dear Ouling Lu,

Introduction:

The submission is *DISAPPROVED* and may not be used in the Commonwealth of Virginia.

A preliminary review of the submitted filing indicates the following concerns and questions. We'll continue our review of the submitted filing upon receipt of the following information.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the filing, these riders are attached to the Generation Protector II Policy Form Series: 11-P-Q-VA. Please provide the form numbers of all policies approved in this series exactly as each form was approved and provide the approval date and SERFF tracking number.

Objection 2

Comments: According to the General Information in SERFF, a policy endorsement form reflecting the change in the COLA benefits is being filed for approval. Please provide the SERFF tracking number and date of submission.

Also indicated in the General Information is the option to elect the reduced paid-up option the attached Premium Increase Contingent Benefit Upon Lapse Rider. Unfortunately, I am unable to locate this document and ask that it be resent. Please provide the form number, SERFF tracking number, and approval date for our records.

Objection 3

- Draft policyholder letter (Supporting Document)

Comments: The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. For compliance with this regulation, please revise the letters to include the following information:

1. For compliance with 14VAC5-200-75,

a) A 2 requires a statement that should there be future rate increases, options similar to those being offered now will be available. Please also indicate that changes in benefits may be done at any time upon the insureds request
b) A 4 requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

a) An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;

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b) A disclosure stating that all options available to the policyholder may not be of equal value. Since this is a disclosure, this information should be prominent such as being highlighted, bolded, or in large print.

c) In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, and, as stated above, should be a prominent statement.

3. A clear identification of the driving factors of the premium rate increase. What the company has stated in the letters does not satisfy this requirement and should explain what has changed since the policy was priced originally that has created the need for such a significant increase. In other words, what has impacted the assumptions that were used when the policy was priced? The Bureau of Insurance feels it may be more logical to state the reasons for the increase at the beginning of the letter rather than at the end of the letter.

4. A statement substantially similar to the following:

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because the letter must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number as set forth in 14VAC5-100-50 1 and should be submitted on company letterhead for compliance with 14VAC5-100-50 2 requiring the full and proper name of the insurer to prominently appear. Please include a Statement of Variability, if applicable.

5. The General Information in SERFF stated a notice would be sent 60 days prior to the effective date of the increase. Please be aware that as a result of the revised regulations, a notice of at least 75 days is now required as set forth in 14VAC5-200-75 D.

Objection 4

- Draft policyholder letter (Supporting Document)

Comments: Please provide a copy of all the enclosure forms noted in the letter. Will the coverage change request form be attached to the policy? If so, please provide the SERFF tracking number and approval date of this form.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1. It is stated in Section 2 of the Actuarial Memorandum that the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized. Then in Section 16, it is stated that the Company is considering filing at least one additional future rate increase as long as it is actuarially justified. Please reconcile these contradictory statements.

2. It is stated in Section 15 of the Actuarial Memorandum that moderately adverse condition is defined as a 5% increase in the lifetime loss ratio above the current best estimates. Then in Section 16, it is stated that moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate. Please reconcile these contradictory statements.

3. Some of the values in Exhibit 8, 58/85 Calculations do not appear to come from Exhibits 4 and 6. Please provide the source for these numbers. In addition, the Bureau requires that the projections of future experience with the projected rate increase utilize the same assumptions as the projection with no increase. In other words, the projection of future experience must be done without anti-selection or benefit reductions.

4. Please provide actual-to-expected analysis for each of the current assumptions (morbidity, mortality, and lapse).

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Conclusion:

We shall be glad to reconsider this submission upon receipt of the information noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Janet Houser

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/31/2016
Submitted Date	05/31/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

Please see the attached response letter.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please amend the Actuarial Certification for compliance with 14VAC5-200-153 B 2 b to indicate the premium rate filing is in compliance with the provisions of this section.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf</i>

Satisfied - Item:	Response to Objection Received on May 27, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 27 2016.pdf

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf</i>

Satisfied - Item:	Response to Objection Received on May 27, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 27 2016.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA GP2 Rates CURRENT.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 05/31/2016 By: Ouling Lu
<i>Previous Version</i>								
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 05/18/2016 By: Ouling Lu
<i>Previous Version</i>								
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 04/28/2016 By: Ouling Lu
<i>Previous Version</i>								
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		51.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 04/06/2016 By: Ouling Lu

SERFF Tracking #:

ALLB-130164458

State Tracking #:

ALLB-130164458

Company Tracking #:

LTC RATE FILING 2015 GP2

State: Virginia

Filing Company:

Allianz Life Insurance Company of North America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC RATE FILING 2015 GP2

Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	N/A		Revised	Previous State Filing Number: Percent Rate Change Request:		05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
1	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	11-R2	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 70	VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,	10/16/2015 By: Ouling Lu
2	N/A		Revised	Previous State Filing Number: Percent Rate Change Request:		05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
2	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	11-R1	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 50	VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,	10/16/2015 By: Ouling Lu
3	N/A		Revised	Previous State Filing Number: Percent Rate Change Request:		05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
3	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	11-R4	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 50	VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,	10/16/2015 By: Ouling Lu

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Rate/Rule Schedule Item Changes						
4	N/A		Revised	Previous State Filing Number: Percent Rate Change Request:		05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
4	<i>SIMPLE BENEFIT INCREASE RIDER</i>	<i>11-R5</i>	<i>Revised</i>	<i>Previous State Filing Number: N/A Percent Rate Change Request: 50</i>	<i>VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,</i>	<i>10/16/2015 By: Ouling Lu</i>
5	Rate Tables	11-R1, 11-R2, 11-R3, 11-R4, 11-R5	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 60	VA GP2 Rates PROPOSED.pdf,	05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
5	<i>5% LIFETIME COMPOUND BENEFIT INCREASE RIDER</i>	<i>11-R3</i>	<i>Revised</i>	<i>Previous State Filing Number: N/A Percent Rate Change Request: 80</i>	<i>VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,</i>	<i>10/16/2015 By: Ouling Lu</i>

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER, [11-R3] (Rate)
- 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER , [11-R2] (Rate)
- 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER , [11-R1] (Rate)
- TWO TIMES COMPOUND BENEFIT INCREASE RIDER , [11-R4] (Rate)

Comments: Please move the current rate information to Supporting Documentation since these rates are not subject to approval. It is not necessary to list each rider as a separate line item. The forms may all be listed under the "Affected Form Numbers" column and separated by commas.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- Policyholder Rate Increase Notification Letter, S2280-VA (Form)
- Statement of Variability (Supporting Document)

Comments: There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:

The values under for anniversary1 states 3/17/2016 as a minimum an 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase.

Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance.

The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the triggers are met, automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,
Ouling Lu

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
<hr/>					
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/18/2016
Submitted Date	05/18/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objection Received on May 12, 2016".

Related Objection 1

Applies To:

- Documents Provided Alongside the Policyholder Notification Letter (Supporting Document)
- Policyholder Rate Increase Notification Letter, S2280-VA (Form)
- Statement of Variability (Supporting Document)

Comments: We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.

Changed Items:

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
Comments:	
Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Documents Provided Alongside the Policyholder Notification Letter</i>
Comments:	
Attachment(s):	<i>CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
Comments:	
Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Documents Provided Alongside the Policyholder Notification Letter</i>
Comments:	
Attachment(s):	<i>CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf</i>

Satisfied - Item:	Response to Objection Received on May 12, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 12 2016.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
Comments:	
Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Documents Provided Alongside the Policyholder Notification Letter</i>
Comments:	
Attachment(s):	<i>CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf</i>

Satisfied - Item:	Response to Objection Received on May 12, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 12 2016.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>SOV for S2280-VA GP2 Policyholder Notification Letter.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf</i>

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 05/18/2016 By: Ouling Lu
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>S2280-VA</i>	<i>OTH</i>	<i>Initial</i>		<i>50.000</i>	<i>S2280-VA GP2 Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 04/28/2016 By: Ouling Lu</i>
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>S2280-VA</i>	<i>OTH</i>	<i>Initial</i>		<i>51.000</i>	<i>S2280-VA GP2 Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 04/06/2016 By: Ouling Lu</i>

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Related Objection 2

Applies To:

- Documents Provided Alongside the Policyholder Notification Letter (Supporting Document)

Comments: 1) Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.

2) According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future. correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached response letter above.

Related Objection 3

Applies To:

- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

Comments: The letter references the full corporate name of the insurer and later as only Allianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/28/2016
Submitted Date	04/28/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objections Received on April 19 and 22 2016".

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Received on April 19 and 22 2016
Comments:	
Attachment(s):	Response to Objections Received on April 19 & 22 2016.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Received on April 19 and 22 2016
Comments:	
Attachment(s):	Response to Objections Received on April 19 & 22 2016.pdf
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to Objections Received on April 19 and 22 2016
Comments:	
Attachment(s):	Response to Objections Received on April 19 & 22 2016.pdf
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf</i>
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Statement of Variability</i>
Comments:	
Attachment(s):	<i>S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf	Date Submitted: 04/28/2016 By: Ouling Lu
<i>Previous Version</i>								
1	<i>Policyholder Rate Increase Notification Letter</i>	<i>S2280-VA</i>	<i>OTH</i>	<i>Initial</i>		<i>51.000</i>	<i>S2280-VA GP2 Policyholder Notification Letter.pdf</i>	<i>Date Submitted: 04/06/2016 By: Ouling Lu</i>

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,
Ouling Lu

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/28/2016
Submitted Date	04/28/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have responded to this objection in the subsequent objection letter received on April 22, 2016.

Related Objection 1

Applies To:

- Response to Objection Received on November 5, 2015 (Supporting Document)

Comments: 1. Based on the data provided in Table 4 of the April 6, 2016 response letter, the experienced voluntary lapse rate for durations 7+ is 0.99%. Please provide a sensitivity analysis projection using an ultimate voluntary lapse rate of 1.0%. Please include the corresponding 58/85 test with no reduction in benefits or adverse selection.

2. Please comment on the Company's standard for full credibility and the corresponding credibility of the experience underlying the morbidity assumptions. Please include the number of claims in the historical experience.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

We have responded to this objection in the subsequent objection letter received on April 22, 2016.

Related Objection 2

Applies To:

- Policyholder Rate Increase Notification Letter, S2280-VA (Form)

State: Virginia **Filing Company:** Allianz Life Insurance Company of North America
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: LTC RATE FILING 2015 GP2
Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Comments: 1) Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?

2) Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.

3) Please include language that advises the insure of the right to a revised premium rate or rate schedule pursuant to 14VAC5-200-75 A 4 b.

4) The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC5-200-75-D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.

5) Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.

6) The policy forms are under review by another examiner.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/06/2016
Submitted Date	04/06/2016

Dear Janet Houser,

Introduction:

Thank you for reviewing our filing.

Response 1

Comments:

We have attached the response to this objection in the supporting documentation tab under "Response to Objection Received on November 5, 2015".

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: According to the filing, these riders are attached to the Generation Protector II Policy Form Series: 11-P-Q-VA. Please provide the form numbers of all policies approved in this series exactly as each form was approved and provide the approval date and SERFF tracking number.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>
Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
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Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
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Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf
Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>
Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf
Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				
		GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf			

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>
Satisfied - Item:	Response to Objection Received on November 5, 2015
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Attachment(s):	Current Assumption Justification.pdf
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
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Satisfied - Item:	Response to Objection Received on November 5, 2015
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Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
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Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf

<i>Previous Version</i>

Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>VA GP2 Act Memo.pdf</i>

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf

<i>Previous Version</i>

Satisfied - Item:	<i>L&H Readability - Health</i>
Comments:	<i>No forms being submitted in this filing</i>
Attachment(s):	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>
Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf
Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
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Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	VA GP2 Act Memo.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
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Satisfied - Item:	L&H Readability - Health
--------------------------	--------------------------

Comments:	
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Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Readability - Health</i>
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Comments:	<i>No forms being submitted in this filing</i>
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Attachment(s):	
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Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
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Comments:	
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Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
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State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Certification of Compliance</i>
Comments:	
Attachment(s):	<i>Virginia Certification of Compliance.pdf</i>
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
<i>Previous Version</i>	
Satisfied - Item:	<i>Draft policyholder letter</i>
Comments:	<i>Submitted for informational purpose only, letter subject to change.</i>
Attachment(s):	<i>Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf</i> <i>Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf</i>
Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf
Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

	GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
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Satisfied - Item:	L&H Actuarial Memorandum
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Comments:	
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Attachment(s):	VA GP2 Act Memo.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Actuarial Memorandum</i>
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Comments:	
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Attachment(s):	<i>VA GP2 Act Memo.pdf</i>
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Satisfied - Item:	L&H Readability - Health
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Comments:	
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Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
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<i>Previous Version</i>	
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Satisfied - Item:	<i>L&H Readability - Health</i>
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Comments:	<i>No forms being submitted in this filing</i>
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Attachment(s):	
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Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
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Comments:	
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Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
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Satisfied - Item:	Statement of Variability
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Comments:	
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Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf
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No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see response letter above.

Related Objection 2

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
<hr/>					
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

Comments: According to the General Information in SERFF, a policy endorsement form reflecting the change in the COLA benefits is being filed for approval. Please provide the SERFF tracking number and date of submission.

Also indicated in the General Information is the option to elect the reduced paid-up option the attached Premium Increase Contingent Benefit Upon Lapse Rider. Unfortunately, I am unable to locate this document and ask that it be resent. Please provide the form number, SERFF tracking number, and approval date for our records.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see response letter above.

Related Objection 3

Applies To:

- Draft policyholder letter (Supporting Document)

State: Virginia

Filing Company:

Allianz Life Insurance Company of North America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC RATE FILING 2015 GP2

Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Comments: The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>.

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. For compliance with this regulation, please revise the letters to include the following information:

1. For compliance with 14VAC5-200-75,

a) A 2 requires a statement that should there be future rate increases, options similar to those being offered now will be available. Please also indicate that changes in benefits may be done at any time upon the insureds request

b) A 4 requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.

2. A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:

a) An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;

b) A disclosure stating that all options available to the policyholder may not be of equal value. Since this is a disclosure, this information should prominent such as being highlighted, bolded, or in large print.

c) In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, and, as stated above, should be a prominent statement.

3. A clear identification of the driving factors of the premium rate increase. What the company has stated in the letters does not satisfy this requirement and should explain what has changed since the policy was priced originally that has created the need for such a significant increase. In other words, what has impacted the assumptions that were used when the policy was priced? The Bureau of Insurance feels it may be more logical to state the reasons for the increase at the beginning of the letter rather than at the end of the letter.

4. A statement substantially similar to the following:

The rate increase request was reviewed by Virginias State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because the letter must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number as set forth in 14VAC5-100-50 1 and should be submitted on company letterhead for compliance with 14VAC5-100-50 2 requiring the full and proper name of the insurer to prominently appear. Please include a Statement of Variability, if applicable.

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
<hr/>					
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

5. The General Information in SERFF stated a notice would be sent 60 days prior to the effective date of the increase. Please be aware that as a result of the revised regulations, a notice of at least 75 days is now required as set forth in 14VAC5-200-75 D.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see response letter above.

Related Objection 4

Applies To:

- Draft policyholder letter (Supporting Document)

Comments: Please provide a copy of all the enclosure forms noted in the letter. Will the coverage change request form be attached to the policy? If so, please provide the SERFF tracking number and approval date of this form.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see response letter above.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Comments: 1.It is stated in Section 2 of the Actuarial Memorandum that the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized. Then in Section 16, it is stated that the Company is considering filing at least one additional future rate increase as long as it is actuarially justified. Please reconcile these contradictory statements.

2.It is stated in Section 15 of the Actuarial Memorandum that moderately adverse condition is defined as a 5% increase in the lifetime loss ratio above the current best estimates. Then in Section 16, it is stated that moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate. Please reconcile these contradictory statements.

3.Some of the values in Exhibit 8, 58/85 Calculations do not appear to come from Exhibits 4 and 6. Please provide the source for these numbers. In addition, the Bureau requires that the projections of future experience with the projected rate increase utilize the same assumptions as the projection with no increase. In other words, the projection of future experience must be done without anti-selection or benefit reductions.

4.Please provide actual-to-expected analysis for each of the current assumptions (morbidity, mortality, and lapse).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let us know if you have any questions.

Sincerely,

Ouling Lu

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
<hr/>					
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

Amendment Letter

Submitted Date: 06/08/2016

Comments:

Ms. Houser,

Thank you for reviewing our filing. Attached to the Supporting Documentation tab is an updated Rate Request Summary form which contains the correct form numbers of 11-R1, 11-R2, 11-R3, 11-R4 and 11-R5.

Also, the base rate pages from the rate schedule attachment on the Rate/Rule Schedule have been removed and only the applicable rates for the riders are attached.

Please let us know if you have any questions or need anything further.

Thank you.

Changed Items:

No Form Schedule Items Changed.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	11-R1, 11-R2, 11-R3, 11-R4, 11-R5	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 60	VA GP2 Rates PROPOSED.pdf,	06/08/2016 By:
<i>Previous Version</i>						
1	Rate Tables	11-R1, 11-R2, 11-R3, 11-R4, 11-R5	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 60	VA GP2 Rates PROPOSED.pdf,	05/31/2016 By: Ouling Lu
<i>Previous Version</i>						
1	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	11-R3	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 80	VA GP2 Rates CURRENT.pdf, VA GP2 Rates PROPOSED.pdf,	10/16/2015 By: Ouling Lu

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Part 1LTC Rate Request Summary 12_31_14 Completed.pdf
<i>Previous Version</i>	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Health Insurance Rate Request Summary Part I GP2.pdf

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Note To Filer

Created By:

Janet Houser on 06/08/2016 12:38 PM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 01:23 PM

Subject:

Rate Request Summary

Comments:

So that I may approve this filing, the Rate Request Summary contains incorrect form numbers. Please revise the form to reflect only rider form numbers 11-R1, 11-R2, 11-R3, 11-R4 and 11-R5. Do not include the base policy form number. Attached is a revised Rate Request Summary Form. Please be sure to attach a brief narrative as a second page regarding the drivers of the rate increase.

In addition, please remove the base rate pages from the rate schedule attachment on the Rate/Rule Schedule since those rates are not changing at this time.

Once these revisions are received, we will continue with approving this filing.

Thanks.

Janet Houser
804-371-9390

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Number of Policy Holders Affected :

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Note To Filer

Created By:

Janet Houser on 05/27/2016 10:58 AM

Last Edited By:

Janet Houser

Submitted On:

05/27/2016 10:58 AM

Subject:

5/27/16 objection letter

Comments:

Our objection 3 regarding the partnership language in the SOV would also apply to the policyholder letter in that the language should be emphasized in some manner since it is a disclosure. I apologize if my objection was not clear.

Thanks.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Note To Reviewer

Created By:

Scott Schueller on 05/26/2016 01:35 PM

Last Edited By:

Scott Schueller

Submitted On:

05/26/2016 01:36 PM

Subject:

experience

Comments:

That is correct, the experience and projections provided were based on both the policy and riders.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Note To Filer

Created By:

Janet Houser on 05/26/2016 08:51 AM

Last Edited By:

Janet Houser

Submitted On:

05/26/2016 09:04 AM

Subject:

experience

Comments:

Please confirm the experience and projections provided were based on both the policy and riders and not the riders alone.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Reviewer Note

Created By:

Janet Houser on 06/08/2016 01:39 PM

Last Edited By:

Janet Houser

Submitted On:

06/14/2016 06:39 AM

Subject:

RRS

Comments:

Rate Summaries

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Allianz Life Insurance Company of North America - 90611
SERFF Tracking Number:	ALLB-130164458
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	3,265
Average Requested Percentage Rate Change Per Member:	60%
Minimum Requested Percentage Rate Change Per Member:	0%
Maximum Requested Percentage Rate Change Per Member:	80%
Number of Policy Holders Affected :	742

Plans Affected
(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
11-R1	Generation Protector II
11-R2	Generation Protector II
11-R3	Generation Protector II
11-R4	Generation Protector II
11-R5	Generation Protector II

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

.....

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

Long Term Care Insurance Rate Request Summary Part 2 –To Be Completed By Bureau of Insurance

Company Name and NAIC Number: Allianz Insurance Company of North America-90611

SERFF Tracking Number: ALLB-130164458

Disposition: Approve

Approval Date: 6/8/2016

Revised Rates

Average Annual Premium Per Member:	\$3265
Average Requested Percentage Rate Change Per Member:	60%
Minimum Requested Percentage Rate Change Per Member:	0%
Maximum Requested Percentage Rate Change Per Member:	80%
Number of Policy Holders Affected:	742

Summary of the Bureau of Insurance's review of the rate request:

Allianz Life Insurance Company of North America (the company) requested an average rate increase of 60%, ranging from 0% to 80%. As indicated below, the rate increase only applies to the inflation riders and does not apply to the base policy.

Generation Protector II Policy Form Series: 11-P-Q-VA	
11-R3 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	80% rate increase
11-R2 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	70% rate increase
11-R1 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	50% rate increase
11-R4 TWO TIMES COMPOUND BENEFIT INCREASE RIDER	50% rate increase
11-R5 SIMPLE BENEFIT INCREASE RIDER	50% rate increase
Base Premium Rates	no rate change

Specific details related to the filing can be found on the Bureau's website at the following link:
<http://www.scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>.)

This is the first increase request on these forms, which were issued from 2006 to 2009 and are subject to the requirements of 14VAC5-200-153. The company has certified that no further rate schedule increases are anticipated if the requested premium rate schedule increases are implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized. But, the company has agreed that in no event will it increase rates for at least four years.

When the product was designed by the company, it was based on actuarial assumptions using the best information available at the time. However, additional experience both for the company and for the industry as a whole has demonstrated that the ultimate cost of benefit payments was underestimated. This is due to several factors; including fewer policyholders terminating their policies (either through death or voluntary lapse) than originally expected and more policyholders going on claim at advanced attained ages than originally anticipated. The combination of more policyholders maintaining their policies and a higher percentage of those policyholders going on claim has resulted in increased premiums to cover the higher claim costs. These factors have been compounded by an increasing benefit schedule over time, which is consistent with the company's request of rate increases for policies only with inflation adjustments.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

The Bureau reviewed the rate increase in accordance with the requirements of 14VAC5-200-153 which requires that the filing meet the “58/85” test. This test requires that the lifetime anticipated present value (“PV”) of claims exceed the sum of 58% of the PV of initial premiums plus 85% of the PV of any subsequent premium increases. This effectively requires that premium increases be held to a higher loss ratio standard (85%) than the initial premiums (58%). In other words, in total for all issues of a particular LTCI policy form, at least 58 cents of each dollar of initial premium and 85 cents of each dollar of premium increase must be returned in the form of benefit payments to policyholders. The company demonstrated, using actuarially justified assumptions, that the filing met the requirements of 14VAC5-200-153 after implementation of the rate increase, and approval was therefore recommended.

To better enable policyholders to accommodate these revised premium rates, the company is offering the following options (as available):

- Maintain current benefit amounts by paying the increased premium.
- Avoid the rate increase by cancelling the benefit increase riders, although coverage will continue at the that have been applied.
- Lessen the impact of the rate increase by reducing benefit amounts and/or benefit periods and/or benefit riders. A reduction may fully or partially offset the premium increase. Benefit amounts must not be less than any minimum policy requirements.
- Elect the reduced paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider.

This document is intended to explain the decision made by the Bureau of Insurance and it is only a summary of the Bureau’s review. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Reviewer Note

Created By:

Janet Houser on 11/05/2015 07:13 AM

Last Edited By:

Janet Houser

Submitted On:

06/08/2016 02:02 PM

Subject:

Act Review

Comments:

10.27.15 - sent to Shawn; ue date 11.10.15

11.4.15 - add'l info needed

4.7.16 - add'l info rec'd; due date 4.21.16

4.15.16 - add'l info needed

5.2.16 - add'l info rec'd; due date 5.16.16

5.12.16 - recommend approval



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

November 4, 2015

Ms. Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long-Term Care Rate Increase Filing
SERFF Tracking # ALLB-130164458**

Dear Janet:

At your request, we are in process of reviewing the filing for the above captioned submission from **Allianz Life Insurance Company of North America** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Request for Information

Please ask the Company to respond to the following:

1. It is stated in Section 2 of the Actuarial Memorandum that "the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized." Then in Section 16, it is stated that "the Company is considering filing at least one additional future rate increase as long as it is actuarially justified." Please reconcile these contradictory statements.
2. It is stated in Section 15 of the Actuarial Memorandum that "moderately adverse condition is defined as a 5% increase in the lifetime loss ratio above the current best estimates." Then in Section 16, it is stated that "moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate." Please reconcile these contradictory statements.
3. Some of the values in Exhibit 8, 58/85 Calculations do not appear to come from Exhibits 4 and 6. Please provide the source for these numbers. In addition, the Bureau requires that the projections of future experience with the projected rate increase utilize the same assumptions as the projection with no increase. In other words, the projection of future experience must be done without anti-selection or benefit reductions.
4. Please provide actual-to-expected analysis for each of the current assumptions (morbidity, mortality, and lapse).

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", is written over a circular stamp. The signature is fluid and cursive, with the first name "Shawn" being more prominent. The circular stamp is faint and partially obscured by the ink.

Shawn D. Parks, FSA, MAAA



SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

April 15, 2016

Ms. Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long-Term Care Rate Increase Filing
SERFF Tracking # ALLB-130164458**

Dear Janet:

At your request, we are in process of reviewing the filing for the above captioned submission from **Allianz Life Insurance Company of North America** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Request for Information

Please ask the Company to respond to the following:

1. Based on the data provided in Table 4 of the April 6, 2016 response letter, the experienced voluntary lapse rate for durations 7+ is 0.99%. Please provide a sensitivity analysis projection using an ultimate voluntary lapse rate of 1.0%. Please include the corresponding 58/85 test with no reduction in benefits or adverse selection.
2. Please comment on the Company's standard for full credibility and the corresponding credibility of the experience underlying the morbidity assumptions. Please include the number of claims in the historical experience.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,



Shawn D. Parks, FSA, MAAA

May 12, 2016

Ms. Janet Houser
Forms and Rates Section
Life and Health Division
State Corporation Commission, Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218

Subject: **Actuarial Report for Long-Term Care Rate Increase Filing
SERFF Tracking # ALLB-130164458**

Dear Janet:

At your request, we have reviewed the filing for the above captioned submission from **Allianz Life Insurance Company of North America** (the "Company"). This is a rate increase filing for a block of Individual Long Term Care Insurance.

Recommendation

Since after review of the Company's submission, we believe that the Company has demonstrated that the request is in compliance with all applicable regulations and standards, we therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") **approve** the proposed rates. Our review of this filing was performed according to the provisions of 14VAC5-200 et seq. and applicable Actuarial Standards of Practice, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans".

Historical Background

The Company is requesting a rate increase which applies only to policies with benefit increase riders and varies by rider as shown below:

Rider	Inflation Type	Rate Increase
11-R1	3% Compound	50%
11-R2	4% Compound	70%
11-R3	5% Compound	80%
11-R4	2X Compound	50%
11-R5	Simple	50%
Base policy		0%

The Company is willing to guarantee that rates will not be increased for four years if the proposed rates are approved. This is the first increase request on these forms, which were issued from 2006-2009 and are therefore subject to 14VAC5-200-153. There were 742 policyholders representing 5% of the nationwide premium in Virginia as of 12/31/2014.

In the course of our review, requests were sent to the Company for additional information. The Company's responses clarified issues raised in our review. The Bureau was involved in all correspondence between us and the Company.

Analysis

Our approach was to a) review the filing materials, b) check the filing contents for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the assumptions and projections for reasonableness.

Assumptions

Morbidity – the morbidity assumptions are derived from blending Company-specific experience with consultant or industry data where credibility becomes thin. The assumptions are based on a claims study conducted of experience through 12/31/2013 with about 1.1 million life years of exposure. The Company provided details of how this study was performed. In general, the morbidity is better at attained ages below 80 and worse at attained ages above 80 than original assumptions.

One often-quoted industry basis for measuring credibility is the June 12, 2003 letter from the American Academy of Actuaries Long-Term Care Reserving Work Group to the Accident and Health Working Group of the NAIC Life and Health Actuarial Task Force which recommended a "Rule of Thumb" standard for full credibility of incidence rates of 1,082 claims (within 5% of the true claims with 90% confidence). The letter also reports that the standard for aggregate loss is a multiple of the standard for incidence, in the range of 3 to 5 times (3,246 to 5,410 claims).

In contrast, the Company uses a standard of 1,000 for full credibility. The Company's experience data on these forms includes 194 claims, so it is only partially credible. However, the morbidity assumptions utilize the experience of all LTC forms of the Company.

Voluntary Lapse – the lapse assumption at durations 7+ is 0.75%. When combined with the revised mortality assumption, the experienced voluntary lapse rate for durations 7+ as detailed in Table 4 of the April 6, 2016 response letter is 0.99%. Due to this difference, we asked the Company to provide a sensitivity test using a duration 7+ rate of 1.0% for future voluntary lapses.

Mortality – 80% of gender-distinct 1994 Group Annuitant Mortality Table with improvement from 1994 to 2014.

Moderately Adverse Assumption – defined as a 10% increase in the future claim costs above current best estimate.

Rate Shock – The Company assumes an increase in lapses of 2% due to the rate increase. It also assumes benefit reductions (decreases in COLA, benefit period and daily benefit amount) as a result of the increase.

Justification for Rate Increase

58/85 Test

We requested the Company submit the 58/85 Test without shock lapses or benefit reductions to avoid the distortion created by those items. The results are shown below. In addition, we've included the sensitivity results with 1% ultimate lapse rate. We also calculated the test using the original 66% loss ratio.

58/85 Test	Basic	1% Lapse	66/85
Total Incurred Claims	734.9	655.3	734.9
Required Claims	538.5	536.5	591.3
Maximum Increase to Pass	136%	106%	115%

State Rate Equity

Since this is the first increase on these forms, we did not analyze the average rate increase nationwide.

Reliance and Qualifications

We are providing this letter to you to communicate our findings regarding the filing under consideration. Distribution of this letter to parties other than the Bureau by us or any other party does not constitute advice by us to those parties. The reliance of parties other than the Bureau on any aspect of our work is not authorized by us and is done at their own risk.

In arriving at our opinion, we used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, our findings and conclusions may need to be revised. While we have relied on the data provided without independent investigation or verification, we have reviewed the data for consistency and reasonableness. Where we found the data inconsistent or unreasonable, we have requested clarification.

We have utilized generally accepted actuarial methodologies in arriving at our opinion. I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion.

If you have any questions regarding this filing, please call me at 803-994-9895.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn D. Parks", with a large, stylized flourish at the end.

Shawn D. Parks, FSA, MAAA

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed 06/08/2016	Policyholder Rate Increase Notification Letter	S2280-VA	OTH	Initial		50.000	S2280-VA GP2 Policyholder Notification Letter.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

Based on your current benefits, the premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode], effective with your first bill on or after [anniversary1].

Please note that recent changes to your policy may not be reflected in the premium rate above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s).**
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

- A. **Maintain your current benefit amounts** by paying the increased premium.
- B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. **[(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)]**
 - Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
 - Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [

- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]**

- C. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date].** There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.
- D. **Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that “premium rates could change again in the future.” What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

9. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

10. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

11. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
 - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
 - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
 - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount.

12. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

13. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

SERFF Tracking #:	ALLB-130164458	State Tracking #:	ALLB-130164458	Company Tracking #:	LTC RATE FILING 2015 GP2
State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America		
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
Product Name:	LTC RATE FILING 2015 GP2				
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2				

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Allianz Life Insurance Company of North America	60.000%	60.000%	\$1,027,284	742	\$1,712,139	80.000%	0.000%

SERFF Tracking #:

ALLB-130164458

State Tracking #:

ALLB-130164458

Company Tracking #:

LTC RATE FILING 2015 GP2

State: Virginia

Filing Company:

Allianz Life Insurance Company of North America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC RATE FILING 2015 GP2

Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables	11-R1, 11-R2, 11-R3, 11-R4, 11-R5	Revised	Previous State Filing Number: N/A Percent Rate Change Request: 60	VA GP2 Rates PROPOSED.pdf,
2		N/A		Revised	Previous State Filing Number: Percent Rate Change Request:	
3		N/A		Revised	Previous State Filing Number: Percent Rate Change Request:	
4		N/A		Revised	Previous State Filing Number: Percent Rate Change Request:	
5		N/A		Revised	Previous State Filing Number: Percent Rate Change Request:	

Rider Premium Rates and Premium Factors

Rate Increase

Rate Increase	80%	70%	50%	50%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	5%	4%	3%	5%	Compound					Return of	Return of	Spousal	Benefit	Restoration
Age	Compound	Compound	Compound	Simple	COLA	10-pay	Paid-up	SBP	Upon Death	Upon Death	Survivorship	Period	of Benefits	
	COLA	COLA	COLA	COLA	w/ 2x Cap		at age 65							
18-40	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08	
41	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05	
42	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04	
43	4.77	3.83	2.78	2.69	2.40	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04	
44	4.75	3.81	2.78	2.69	2.40	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04	
45	4.73	3.81	2.78	2.70	2.40	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A	
46	4.72	3.79	2.78	2.70	2.40	3.34	1.85	1.21	1.37	1.58	1.12			
47	4.70	3.77	2.78	2.70	2.40	3.25	1.88	1.21	1.39	1.60	1.12			
48	4.66	3.76	2.78	2.69	2.40	3.18	1.95	1.21	1.41	1.62	1.12			
49	4.63	3.74	2.78	2.69	2.40	3.10	2.03	1.22	1.43	1.65	1.12			
50	4.61	3.74	2.76	2.67	2.40	3.03	2.10	1.22	1.45	1.67	1.12			
51	4.57	3.72	2.76	2.67	2.40	2.95	2.18	1.22	1.47	1.70	1.12	2 year	1.21	1.12
52	4.54	3.71	2.76	2.66	2.40	2.88	2.25	1.22	1.49	1.72	1.12	3 year	1.14	1.11
53	4.43	3.64	2.72	2.64	2.40	2.81	2.39	1.23	1.52	1.76	1.12	4 year	1.09	1.08
54	4.32	3.55	2.67	2.63	2.40	2.74	2.52	1.23	1.56	1.80	1.12	5 year	1.06	1.05
55	4.19	3.49	2.64	2.61	2.40	2.66	-	1.23	1.59	1.84	1.12	8 year	1.02	1.02
56	4.09	3.40	2.60	2.60	2.40	2.59	-	1.23	1.62	1.89	1.11	Lifetime	N / A	N / A
57	3.98	3.33	2.55	2.58	2.40	2.52	-	1.24	1.66	1.93	1.11			
58	3.92	3.30	2.52	2.57	2.40	2.45	-	1.24	1.69	1.97	1.11	Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.		
59	3.87	3.25	2.49	2.55	2.39	2.37	-	1.24	1.73	2.01	1.11			
60	3.83	3.21	2.46	2.55	2.39	2.30	-	1.24	1.76	2.05	1.11			
61	3.78	3.16	2.43	2.54	2.37	2.22	-	1.25	1.79	2.10	1.11	HCC Monthly Benefit 1.06		
62	3.73	3.13	2.40	2.52	2.37	2.15	-	1.25	1.83	2.14	1.11	Spousal Waiver of Premium 1.03		
63	3.65	3.08	2.37	2.49	2.36	2.08	-	1.25	1.90	2.23	1.11	HCC Calendar Day EP 1.02		
64	3.58	3.03	2.34	2.46	2.34	2.02	-	1.25	1.98	2.33	1.11	Waiver of HCC EP 1.12		
65	3.49	2.96	2.31	2.45	2.34	1.95	-	1.26	2.06	2.43	1.11			
66	3.42	2.91	2.28	2.42	2.33	1.89	-	1.26	2.14	2.53	1.10	Monthly Indemnity Benefit		
67	3.35	2.86	2.25	2.39	2.31	1.82	-	1.26	2.23	2.64	1.10	10%		1.04
68	3.28	2.81	2.22	2.36	2.30	1.76	-	1.26	2.36	2.81	1.10	25%		1.10
69	3.20	2.75	2.19	2.33	2.28	1.71	-	1.27	2.50	3.00	1.10	50%		1.23
70	3.13	2.70	2.16	2.31	2.27	1.65	-	1.27	2.65	3.19	1.09	100% (age < 60)		2.57
71	3.06	2.65	2.13	2.28	2.25	1.60	-	1.27	2.80	3.40	1.08	100% (age 60+)		2.23
72	2.99	2.60	2.10	2.25	2.24	1.54	-	1.27	2.97	3.62	1.07			
73	2.93	2.57	2.09	2.22	2.22	1.48	-	1.28	3.54	4.54	1.06	Elimination Period Factors		
74	2.88	2.53	2.06	2.21	2.21	1.42	-	1.28	4.23	5.71	1.05	7 Day		1.30
75	2.83	2.48	2.04	2.18	2.18	1.37	-	1.28	5.06	7.21	1.04	30 Day		1.18
76	2.77	2.45	2.01	2.16	2.16	1.31	-	1.28	5.82	9.15	1.03	60 Day		1.08
77	2.72	2.41	2.00	2.13	2.15	1.25	-	1.29	6.07	11.66	1.02	90 Day		1.00
78	2.68	2.38	1.98	2.12	2.13	1.22	-	1.29	7.28	13.99	1.02	180 Day		0.90
79	2.63	2.35	1.95	2.10	2.12	1.19	-	1.29	8.74	16.79	1.02	365 Day		0.80
80	2.59	2.33	1.94	2.07	2.10	1.16	-	1.29	10.48	20.15	1.02			
81	2.54	2.30	1.91	2.06	2.09	1.13	-	1.30	10.48	20.15	1.02	Risk Class Factors		
82	2.50	2.26	1.89	2.04	2.07	1.10	-	1.30	10.48	20.15	1.02	Preferred Plus		0.85
83	2.47	2.23	1.88	2.03	2.04	1.09	-	1.30	10.48	20.15	1.02	Preferred		1.00
84	2.43	2.21	1.86	2.01	2.01	1.08	-	1.30	10.48	20.15	1.02	Standard		1.20
85	2.41	2.19	1.85	1.98	2.00	0	0	1.30	10.48	20.15	1.02	Select I		1.50
88	2.32	2.13	1.80	1.92	1.94	-	-	1.30	10.48	20.15	1.02	Select IV		3.00
89	2.30	2.09	1.77	1.89	1.92	-	-	1.30	10.48	20.15	1.02			
90	2.27	2.07	1.76	1.86	1.89	-	-	1.30	10.48	20.15	1.02	Discount Factors		
91	2.25	2.04	1.74	1.85	1.88	-	-	1.30	10.48	20.15	1.02	Married		0.90
92+	2.21	2.02	1.73	1.82	1.85	-	-	1.30	10.48	20.15	1.02	Spousal		0.70
												Facility Care Only Endorsement 0.90		

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Certification of Compliance - Signed.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA GP2 Act Memo.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	Part 1LTC Rate Request Summary 12_31_14 Completed.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Satisfied - Item:	Actual to Expected Exhibit
Comments:	
Attachment(s):	Actual to Expected Analysis GP2.pdf
Item Status:	Received & Acknowledged
Status Date:	11/05/2015

Satisfied - Item:	Average Premium
Comments:	
Attachment(s):	Average Premium GP2.pdf
Item Status:	Received & Acknowledged

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Status Date:	11/05/2015
Satisfied - Item:	Draft policyholder letter
Comments:	Please see the Form Schedule tab for the Policyholder Rate Increase Notification Letter.
Attachment(s):	
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Response to Objection Received on November 5, 2015
Comments:	
Attachment(s):	Response to Objection Received on Nov 5 2015.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Current Assumption Justification
Comments:	
Attachment(s):	Current Assumption Justification.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Copy of Policy form 10-P-Q-VA and 11-P-Q-VA
Comments:	
Attachment(s):	GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 1-50).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 51-100).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 101-150).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 151-200).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 201-250).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 251-300).pdf GP2 - VA - PF Filings - 11-PS-Q - - 8 30 2006 (Pages 301-354).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 1-100).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 101-160).pdf GPR - VA - PF Filings - 10-CR - - 11 17 2004 (Pages 161-240).pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Documents Provided Alongside the Policyholder Notification Letter
Comments:	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Attachment(s):	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016
Satisfied - Item:	Response to Objections Received on April 19 and 22 2016
Comments:	
Attachment(s):	Response to Objections Received on April 19 & 22 2016.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Response to Objection Received on May 12, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 12 2016.pdf
Item Status:	Received & Acknowledged
Status Date:	05/27/2016
Satisfied - Item:	Response to Objection Received on May 27, 2016
Comments:	
Attachment(s):	Response to Objection Received on May 27 2016.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA GP2 Rates CURRENT.pdf
Item Status:	Received & Acknowledged
Status Date:	06/08/2016

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

VIRGINIA CERTIFICATION OF COMPLIANCE

The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Forms	Description
S2280-VA	Policyholder Rate Increase Notification Letter

Date:

4/5/16



Steve Thiel, Vice President Actuary

Allianz Life Insurance Company of North America

**Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297**

Actuarial Memorandum Supporting 60% Aggregate Premium Rate Increase On Individual Long-Term Care Insurance Policy Forms

1. TYPE OF CHANGE

Allianz Life Insurance Company of North America (Company) proposes the following rate revisions for these riders (collectively referred to as COLA riders) attached to the following policy forms issued in Virginia.

Generation Protector II Policy Form Series: 11-P-Q-VA

11-R3 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 80% rate increase

11-R2 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 70% rate increase

11-R1 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R4 TWO TIMES COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R5 SIMPLE BENEFIT INCREASE RIDER – 50% rate increase

Base Premium Rates – no rate change

The result of this rate increase on the above COLA riders, if approved, is similar to a 60% aggregate rate increase on the base policy form and associated rider nationally. The revised rates will be guaranteed not to increase for 4 years if the proposed rates are approved.

Our company expects to implement the rate change in 2016 or 2017 if this filing is approved.

2. PURPOSE OF FILING

This actuarial memorandum has been prepared for the purpose of demonstrating that a premium rate increase is justified under rate stabilization regulation based on the Long Term Care Model Regulation. Moderately adverse is defined as a 10% increase in future claim cost over the current best estimate. The lifetime loss ratio projections (Exhibits 4-7) are based on current best estimates and do not include this additional 10% increase.

The “58/85” calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and “moderately adverse” assumption produces a justified premium rate increase of 110% (see Exhibit 8). In consideration of our policyholders while balancing the financial viability of these policies, the Company prefers not to request a premium rate increase of this magnitude and is filing for a 60% aggregate rate increase instead. Regarding the schedule of additional rate increases, the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

3. LIMITATIONS AND EXCLUSIONS

This actuarial memorandum is intended to support a 60% aggregate premium rate increase described above on this plan of insurance and it is not appropriate to use for any other purposes.

4. HISTORY OF RATE REVISION

There has been no previous rate revision in Virginia. A history of rate revisions for all Allianz LTC products is included in the Exhibit 1.

5. SCOPE AND APPLICABILITY

This filing applies to active premium paying policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. The rate changes will only apply to applicable riders and there are no changes to the base premiums. Exhibit 2 provides a distribution of in-force policies and total annual premiums by issue state.

These rates when approved will be applied to all policies delivered or issued for delivery in the state of Virginia, regardless of place of current residence.

6. DESCRIPTION OF BENEFITS

These plans are Guaranteed Renewable, Tax Qualified and Non-Qualified, Individual Long Term Care Insurance plan. Plans covers facility care and home and community care where applicable. Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the riders elected by the policyholder. Rider charges are factor based and are a multiplier of the base premium.

Several coverage options are available:

- ❖ Various Maximum Benefit Periods
- ❖ Various Daily Benefit Amounts
- ❖ Various Elimination Periods
- ❖ Facility Care Plan with various Home and Community Care Benefit levels
- ❖ Separate rates for different underwriting classes
- ❖ Separate rates for joint and single lives

7. POLICYHOLDER OPTIONS

Assuming that the proposed rate increase becomes effective, policyholders will have the following options upon notification of the rate increase:

Policyholder Options to Reduce Benefits:

Policyholders with benefits above the minimum coverage level have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.
4. Reduce or cancel COLA riders.

To further minimize the impact to policyholders: As a part of this rate increase, policyholders who reduce or cancel their COLA benefit riders will maintain all of their past COLA benefit increase percentages. Future premiums and benefit increases will be based on the new coverage levels elected by the policyholder. If the policyholder reduces their daily benefit, then the past increase in daily benefit from COLA rider will be reduced by the same proportion.

Example of a COLA rider reduction:

Policyholder with a 5% compound inflation rider can minimize the size of the rate increase reducing to a 5% simple inflation protection rider. Unless policyholders reduce their daily benefit amounts, their current daily benefits will not change as the past COLA increases will be fully vested, and they will receive a 5% simple inflation protection going forward. Policyholders who elect to reduce or cancel their COLA benefit riders will likely see an overall decrease in their premiums.

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$2,122
Annual Premium (80% rate increase, no COLA change)	\$3,819
Annual Premium (50% rate increase, change to 5% simple COLA)	\$2,477
Premium Reduction from COLA change	-\$1,342

57 Single Female, \$150 Original Daily Benefit, 100% HCC, Lifetime BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$3,083
Annual Premium (80% rate increase, no COLA change)	\$5,549
Annual Premium (50% rate increase, change to 5% simple COLA)	\$3,599
Premium Reduction from COLA change	-\$1,950

Example of a COLA Cancellation:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Daily Benefit after canceling COLA rider (cancelled within election window)	\$244

Example of Daily Benefit Reduction:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Reduced Daily benefit from 150 to 100 = $100 * 1.05^{10}$	\$163

Actuarial Equivalence of Vested COLA Benefits:

Exhibit 3 illustrates the future loss ratio for sample policyholders who cancel their 5% compound COLA, or reduce to a 5% simple COLA after the proposed rate increase. Assumptions used in this analysis are consistent with those within this rate filing.

Non-forfeiture Offers:

In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they receive a premium increase at no charge. Acceptance of the non-forfeiture benefit will provide the policyholder with a reduced paid-up policy, with no future premiums required after the effective date of the policyholder's rate increase. Policyholders who elect this option will pay no additional premiums after the effective date of the rate increase, and their benefit pool will be their total premiums paid. In consideration of our policyholders, our company does not subtract past claims from the benefit pool prior to the election of this rider.

8. ISSUE YEAR

These forms were sold from 2006 to 2009 in Virginia, and marketed nationally from 2006 through 2009. These forms are no longer being issued in any state as Allianz stopped issuing all individual standalone long-term care insurance in 2010.

9. UNDERWRITING DESCRIPTION

All policies subject to this rate revision were subject to full underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience. The underwriting selection factor wear off will be monitored and may be reflected in future projections.

10. MARKETING METHOD

Sales were conducted by individual agents, who sold primarily on an individual policy basis. The Company no longer sells long-term care insurance policies.

11. AREA FACTORS

The Company did not use area factors within the state.

12. AVERAGE ANNUAL PREMIUM PER INSURED

Generation Protector II Policy Forms:

Virginia Current Average Annual Premium:	\$2,307	(742 Policies Inforce)
National Original Average Annual Premium:	\$2,180	(15,767 Policies Inforce)

13. PREMIUM MODALIZATION RULES

The modal premium factors will remain unchanged from the current factors.

14. CLAIM RESERVE

At each valuation date, a claim reserve is computed for each active and pending claim case. For active claims, the claim reserve is calculated as the present value of future benefits from the valuation date to the end of the benefit period. Benefit amounts are discounted for interest and claim continuance. Claim reserve have been discounted and allocated to the appropriate incurred year.

15. BEST ESTIMATE ACTUARIAL ASSUMPTIONS

a. Morbidity:

Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and various level of home health care with adjustments for elimination periods and riders.

Claim costs are developed from first principle using company specific historical claim experience. Allianz incidence rates are typically credible up to age 75. The incidence rates for the older ages (75+) are developed based on actuarial judgment using our own experience along with data provided by our consultant in 2012 and the 2007 SOA LTC Intercompany Study. Allianz continuance rates were blended with industry data that was provided by our consultant in 2012 using limited fluctuation credibility. Generally, Allianz continuance rates are lower than industry experience.

Future claim costs are projected on a seriatim basis for each policyholder. These claim costs are adjusted according to each policy's benefit designs, such as COLA option, elimination periods and benefit periods. There is no morbidity load for anti-selection since this will be the first rate increase for these policies.

Underwriting, claim management and product design were taken into consideration when setting the assumptions. Allianz historical experience includes the positive impact of underwriting selection and these underwriting factors are expected to wear off in the future. No scalar increases to the claim cost assumption are made within these projections to reflect the wear off from underwriting selection.

b. Mortality:

The projected future experience uses 80% of the gender-distinct 1994 GAM table that was derived by projected from 1994 to 2014 with a 1% improvement. This assumption is developed based on feedback from our consultants and is consistent with industry practice. The mortality assumption balances our morbidity assumption as neither is projected to have future improvements.

c. Persistency:

The Company's own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows:

1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %
7	0.75 % (for all durations 7 and above)

Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations not caused by deaths are estimated to be around 1.75% annually, all policyholders are on duration 7+.

Based on company experience, a 2% increase to lapse rate is assumed immediately after the implementation of the rate increase to account for the election of reduced paid up benefit.

d. Expected Benefit Reduction:

Based on company's experience in the previous rate increase, the cash flow projection for proposed rate increase includes a 3% cancellation in COLA benefits, 2% decrease in daily benefit, and 4% of policies with a reduction in benefit period. Past COLA benefit increases are modeled as 100% vested in the loss ratio projection.

e. Interest and Investment Income:

Interest rate of 4.0% used in the original product filing is also used in these exhibits to calculate the loss ratio. Changes in interest rates and investment income are not used to justify the rate increase.

f. Expenses:

Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate

g. Moderately Adverse Assumption:

Moderately adverse condition is defined as a 10% increase in future claim cost over the current best estimate. The loss ratio projections within Exhibit 3-7 are based on the best estimate assumptions and original pricing discount rates as specified above.

16. DEMONSTRATION OF SATISFACTION OF REQUIREMENTS

The projections included in this filing are produced by applying “best estimate” actuarial assumptions that reasonably reflect actual experience. The anticipated lifetime loss ratio for policies based on these assumptions is currently 101.3% and 121.0% for National and Virginia without the rate increase (Exhibit 4 & 5), 78.9% and 89.0% after the proposed rate increase (Exhibits 6 & 7). Loss ratios for Virginia policyholders are slightly higher than national policies mainly due to the difference in distribution of business mix.

A detailed demonstration of the 58/85 calculations justifying the rate increase can be found in Exhibits 8. The justifiable rate increases under moderately adverse conditions are 110% on a national basis. Moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate.

Actual to expected loss ratio is close to 100% (Exhibit 4).

17. ANALYSIS PERFORMED TO CONSIDER A RATE INCREASE

The initial premium schedules were based on pricing assumptions that reflected the Company’s best estimate utilizing the available information at the time. Actual experience for these policies has deviated from those original assumptions. A rate increase is necessary to help these products achieve the Company’s revised loss ratio target of 75%. The original pricing assumptions compared to our current assumptions are included in the Exhibit 9.

18. LOSS RATIOS

The analysis below breaks down the lifetime loss ratio by each assumption update to the original pricing assumption. The historical premium and claims are based on actual experience, while future rate increases are reflective of the premium revision proposed in this filing. For actuarial modeling purposes the rate increase is assumed to be effective July, 2016.

	National Experience Without Rate Increase			
	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss ratio</u>	<u>Marginal Increase to LR</u>
Original Loss Ratio			66.0%	
Updated Morbidity	633,545,084	547,858,356	86.5%	31.0%
Updated Mortality & Morbidity	652,696,177	666,942,853	102.2%	23.8%
Updated Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	-1.3%
Best Estimate Assumption:	660,495,407	669,377,487	101.3%	53.6%
Updated Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
Updated Expense & Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
	National Experience After 60% Rate Increase			
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>	<u>Marginal Increase to LR</u>

	<u>Premium</u>	<u>Claims</u>	<u>ratio</u>	
Best Estimate Assumption:	802,087,105	632,903,638	78.9%	19.5%

Based on historical experience combined with projected future experience.

Premiums and Claims cash flows are discounted at original pricing interest rate (4.0%).

Loss Ratio by COLA riders prior to the rate increase:

National	5% Compound	4% Compound	Other COLA	No COLA*	Grand Total
Proposed Rate Increase	80.0%	70.0%	50.0%	0.0%	60.0%
Lifetime LR No Rate Increase	130.7%	102.1%	83.4%	50.1%	101.3%
Lifetime LR After Increase	93.2%	75.4%	66.8%	53.1%	78.9%

*The lifetime loss ratio of No COLA increases after the rate increase due to the policyholders who cancel their COLA riders and vest their past COLA daily benefit increase. This increase also demonstrates that the actuarial equivalent of vesting COLA is larger than policyholders who have not elected COLA.

19. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of Dec 31, 2014 to project future experience.

	National				
Benefit period	5% Compound COLA	4% Compound COLA	Other COLA	No COLA	Grand Total
2-Year	0.7%	0.1%	0.9%	0.8%	2.4%
3-Year	9.2%	1.4%	9.3%	4.8%	24.7%
4-Year	6.0%	0.8%	4.2%	1.7%	12.8%
5-Year	15.8%	1.8%	10.5%	4.8%	32.9%
8-Year	7.0%	0.7%	3.3%	1.8%	12.8%
Lifetime	6.9%	0.7%	4.0%	2.8%	14.4%
Grand Total	45.6%	5.5%	32.3%	16.7%	100.0%

	Virginia				
Benefit period	5% Compound	4% Compound	Other COLA	No COLA	Grand Total
2-Year	1.6%	0.0%	0.1%	0.0%	1.8%
3-Year	10.6%	1.2%	3.9%	2.0%	17.8%
4-Year	3.8%	0.4%	4.2%	0.4%	8.8%
5-Year	27.4%	2.6%	5.7%	1.5%	37.1%
8-Year	7.4%	0.7%	3.2%	1.6%	12.9%
Lifetime	10.9%	1.8%	7.3%	1.8%	21.7%
Grand Total	61.7%	6.6%	24.4%	7.3%	100.0%
Proposed Rate Increase	80%	70%	50%	0%	60%
Policyholder Impacted	458	49	181	54	742

20. ACTUARIAL CERTIFICATION

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualifications standards for preparing health rate filings.

Claims, reserves, and policyholder data are provided by our third party administrator and our valuation actuaries. Data was reviewed for reasonableness.

I hereby certify that, to the best of my knowledge and belief:

- a. This filing complies with Actuarial Standards of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans";
- b. The rates are not unfairly discriminatory and the gross premiums are not excessive. The gross premiums are not reasonable in relation to the benefits.
- c. Moderately adverse condition is defined as a 10% increase in future claim cost over the current best estimate provided in the loss ratio Exhibits 4-7.
- d. I certify that no further rate schedule increases are anticipated if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.
- e. This filing is in compliance with the provisions of 14VAC5-200-153.



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May 31, 2016

Exhibit 1
National Rate Increases
Allianz Life Insurance of North America

2009 Rate Increase		
State	Min Increase	Max Increase
AK	0%	25%
AL	15%	25%
AR	18%	25%
CO, NH, WA, WY	20%	25%
IA	15%	25%
ME, NC	22%	25%
MS, MT, SD, TN, WV, IN, HI, NE	23%	25%
NJ	8%	25%
NV	10%	25%
PA	21%	25%
TX	16%	25%
VA	8%	25%
WI	18%	25%
ID, IL, KY, MI, MO, NM	25%	25%
DE	11%	20%
LA	16%	20%
OH	20%	20%
SC	16%	20%
AZ, KS	15%	15%
MD	6%	15%
ND	12%	15%
GA, OK	10%	10%
OR	7%	10%
CA, CT, DC, FL, MA, MN, RI, UT, VT, NY	0%	0%

2012 Rate Increase		
State	Min Increase	Max Increase
IL	25%	100%
AZ	25%	75%
TX	17%	75%
AK, CO, MI, MS, MO, NH, NC, OK, OR, SD, TN, WA, WV, WY	25%	25%
AL	20%	25%
HI	3%*	25%
KY	3%*	25%
ME	24%	25%
MT, WI	10%	25%
NJ	15%	25%
OH	20%	25%
NE	10%	20%
PA, SC	20%	20%
DE, GA, MD, ND	15%	15%
IA	8%	15%
VA	14%	100% Pending
ID, KS, NY	10%	10%
FL	7%	7%
CT, NM	0%	0%
CA	Filed, Pending	Filed, Pending
MN	Filed, Pending	Filed, Pending
DC, IN, LA, MA, NV, RI, UT, AR, VT		Filed, Pending

Exhibit 2
National
Policy From Series: 11-P-Q
As of 12/31/2014
Count of Inforce Lives Insured

State	Lives	Premium	
AK	38	\$	98,581
AL	404	\$	747,812
AR	128	\$	252,529
AZ	417	\$	884,802
CO	609	\$	1,397,854
CT	141	\$	444,009
DC	29	\$	73,097
DE	36	\$	91,142
FL	583	\$	1,470,734
GA	687	\$	1,443,410
HI	26	\$	62,862
IA	452	\$	939,335
ID	143	\$	280,199
IL	848	\$	1,933,974
IN	49	\$	108,726
KS	413	\$	788,669
KY	184	\$	381,622
LA	211	\$	382,662
MA	50	\$	174,597
MD	351	\$	816,554
ME	78	\$	266,783
MI	467	\$	1,030,156
MN	1,689	\$	3,547,592
MO	721	\$	1,378,810
MS	114	\$	194,282
MT	134	\$	293,920
NC	399	\$	843,438
ND	141	\$	280,405
NE	431	\$	978,211
NH	88	\$	275,838
NJ	334	\$	890,139
NM	129	\$	267,271
NV	100	\$	213,178
OH	486	\$	1,035,315
OK	261	\$	529,765
OR	304	\$	586,066
PA	608	\$	1,479,816
RI	79	\$	172,757
SC	249	\$	482,932
SD	200	\$	409,073
TN	406	\$	787,295
TX	970	\$	1,914,224
UT	55	\$	101,613
VA	742	\$	1,712,139
VT	32	\$	75,004
WA	282	\$	682,098
WI	365	\$	920,464
WV	28	\$	57,534
WY	76	\$	187,286
Grand Total	15,767	\$	34,366,573

Exhibit 3

Table 1

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim		
		Daily Benefit	Earned Prem	(5 % Compound)	Daily Benefit	Earned Prem	Cost (5 % Simple)
67	2015	244.33	3,818.88	359.58	244.33	2,476.80	342.06
68	2016	256.55	3,719.74	427.48	251.83	2,412.50	399.17
69	2017	269.38	3,620.25	518.10	259.33	2,347.98	474.48
70	2018	282.85	3,520.73	621.59	266.83	2,283.43	557.83
71	2019	296.99	3,421.13	865.47	274.33	2,218.83	760.49
72	2020	311.84	3,321.05	1,108.63	281.83	2,153.92	953.13
73	2021	327.43	3,219.84	1,303.86	289.33	2,088.28	1,096.01
74	2022	343.80	3,117.07	1,643.62	296.83	2,021.63	1,349.92
75	2023	360.99	3,012.59	1,814.61	304.33	1,953.87	1,455.26
76	2024	379.04	2,906.15	2,048.93	311.83	1,884.83	1,603.49
77	2025	397.99	2,797.44	2,287.90	319.33	1,814.33	1,746.26
78	2026	417.89	2,686.12	2,702.92	326.83	1,742.13	2,010.93
79	2027	438.79	2,572.13	3,455.11	334.33	1,668.20	2,504.32
80	2028	460.73	2,455.62	4,148.74	341.83	1,592.64	2,928.13
81	2029	483.76	2,336.61	5,100.62	349.33	1,515.45	3,503.75
82	2030	507.95	2,215.00	6,240.17	356.83	1,436.58	4,170.06
83	2031	533.35	2,090.66	7,015.19	364.33	1,355.93	4,558.58
84	2032	560.02	1,963.93	7,408.19	371.83	1,273.74	4,679.10
85	2033	588.02	1,835.43	8,417.90	379.33	1,190.40	5,110.11
86	2034	617.42	1,705.59	9,503.66	386.83	1,106.19	5,542.73
87	2035	648.29	1,574.73	10,650.21	394.33	1,021.32	5,965.33
88	2036	680.71	1,443.18	11,451.40	401.83	936.00	6,352.76
89	2037	714.74	1,311.50	12,198.12	409.33	850.59	6,583.46
90	2038	750.48	1,180.73	12,861.14	416.83	765.78	6,631.27
91	2039	788.00	1,052.16	13,410.85	424.33	682.40	6,544.23
92	2040	827.40	927.27	13,819.15	431.83	601.40	6,322.18
93	2041	868.77	807.57	14,060.51	439.33	523.76	5,973.59
94	2042	912.21	694.46	14,113.26	446.83	450.40	5,514.99
95	2043	957.82	589.14	13,962.30	454.33	382.10	4,970.01
		\$43,932.50		\$81,118.72	\$28,493.17		\$47,058.39
		Future LR		184.6%	Future LR		165.2%

Exhibit 3**Table 2**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(5% Simple)
75	2015	244.33	6,076.08	1,556.92	244.33	4,254.30	1,481.05
76	2016	256.55	5,861.40	1,757.96	251.83	4,103.99	1,641.55
77	2017	269.38	5,642.16	1,962.99	259.33	3,950.48	1,797.71
78	2018	282.85	5,417.62	2,319.08	266.83	3,793.27	2,081.17
79	2019	296.99	5,187.71	2,964.45	274.33	3,632.29	2,604.87
80	2020	311.84	4,952.74	3,559.58	281.83	3,467.77	3,060.30
81	2021	327.43	4,712.70	4,376.28	289.33	3,299.70	3,678.64
82	2022	343.80	4,467.42	5,354.00	296.83	3,127.96	4,397.30
83	2023	360.99	4,216.65	6,018.96	304.33	2,952.38	4,827.00
84	2024	379.04	3,961.05	6,356.15	311.83	2,773.41	4,974.31
85	2025	397.99	3,701.88	7,222.46	319.33	2,591.95	5,453.18
86	2026	417.89	3,440.00	8,154.03	326.83	2,408.59	5,936.39
87	2027	438.79	3,176.07	9,137.77	334.33	2,223.80	6,411.31
88	2028	460.73	2,910.74	9,825.18	341.83	2,038.02	6,850.58
89	2029	483.76	2,645.15	10,465.85	349.33	1,852.06	7,122.18
90	2030	507.95	2,381.40	11,034.71	356.83	1,667.39	7,196.07
91	2031	533.35	2,122.11	11,506.36	364.33	1,485.84	7,122.73
92	2032	560.02	1,870.21	11,856.68	371.83	1,309.47	6,900.73
93	2033	588.02	1,628.79	12,063.76	379.33	1,140.43	6,538.21
94	2034	617.42	1,400.66	12,109.02	386.83	980.70	6,052.29
95	2035	648.29	1,188.24	11,979.50	394.33	831.97	5,468.17
		\$56,398.89		\$88,778.45	\$39,488.91		\$61,820.44
		Future LR		157.4%	Future LR		156.6%

Exhibit 3**Table 3**

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (5% Simple)
67	2015	244.33	5,549.31	721.58	244.33	3,599.10	718.50
68	2016	256.55	5,380.20	853.28	251.83	3,489.42	834.01
69	2017	269.38	5,208.47	1,027.76	259.33	3,378.05	985.22
70	2018	282.85	5,033.89	1,224.12	266.83	3,264.82	1,149.89
71	2019	296.99	4,856.04	1,690.08	274.33	3,149.47	1,554.49
72	2020	311.84	4,674.39	2,144.11	281.83	3,031.66	1,929.53
73	2021	327.43	4,488.37	2,494.28	289.33	2,911.01	2,194.65
74	2022	343.80	4,297.90	3,105.94	296.83	2,787.48	2,670.17
75	2023	360.99	4,103.23	3,382.38	304.33	2,661.22	2,839.33
76	2024	379.04	3,904.36	3,761.05	311.83	2,532.24	3,080.96
77	2025	397.99	3,701.16	4,128.24	319.33	2,400.45	3,298.19
78	2026	417.89	3,493.39	4,784.50	326.83	2,265.70	3,725.97
79	2027	438.79	3,281.63	5,986.98	334.33	2,128.36	4,542.29
80	2028	460.73	3,066.92	7,020.60	341.83	1,989.10	5,186.64
81	2029	483.76	2,849.96	8,406.70	349.33	1,848.39	6,044.69
82	2030	507.95	2,631.30	9,986.23	356.83	1,706.57	6,985.31
83	2031	533.35	2,411.48	10,860.51	364.33	1,564.00	7,387.18
84	2032	560.02	2,191.45	11,048.23	371.83	1,421.30	7,304.35
85	2033	588.02	1,972.94	11,908.98	379.33	1,279.58	7,649.74
86	2034	617.42	1,758.11	12,695.42	386.83	1,140.26	7,920.14
87	2035	648.29	1,549.43	13,374.19	394.33	1,004.91	8,100.35
88	2036	680.71	1,349.41	13,887.43	401.83	875.18	8,163.02
89	2037	714.74	1,160.41	13,978.60	409.33	752.60	7,971.40
90	2038	750.48	984.43	13,622.39	416.83	638.47	7,533.91
91	2039	788.00	823.12	13,866.27	424.33	533.85	7,435.02
92	2040	827.40	725.42	13,821.29	431.83	470.48	7,182.75
93	2041	868.77	631.77	13,478.10	439.33	409.75	6,786.71
94	2042	912.21	543.29	12,846.23	446.83	352.36	6,265.69
95	2043	957.82	460.89	11,954.96	454.33	298.92	5,646.52
		\$57,597.46		\$107,097.06	\$37,355.82		\$70,546.71
		Future LR		185.9%	Future LR		188.9%

Exhibit 3**Table 4**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost (5%)		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(5% Simple)
75	2015	244.33	8,956.98	3,138.88	244.33	6,271.43	3,125.48
76	2016	256.55	8,640.52	3,544.19	251.83	6,049.85	3,464.18
77	2017	269.38	8,317.32	3,957.56	259.33	5,823.55	3,793.73
78	2018	282.85	7,986.32	4,675.45	266.83	5,591.80	4,391.92
79	2019	296.99	7,647.40	5,976.57	274.33	5,354.50	5,497.09
80	2020	311.84	7,301.02	7,176.41	281.83	5,111.97	6,458.20
81	2021	327.43	6,947.17	8,822.94	289.33	4,864.21	7,763.09
82	2022	343.80	6,585.60	10,794.11	296.83	4,611.05	9,279.69
83	2023	360.99	6,215.92	12,134.73	304.33	4,352.21	10,186.47
84	2024	379.04	5,839.13	12,814.53	311.83	4,088.39	10,497.36
85	2025	397.99	5,457.08	14,404.12	319.33	3,820.89	11,507.92
86	2026	417.89	5,071.03	16,086.69	326.83	3,550.59	12,527.64
87	2027	438.79	4,681.97	17,833.10	334.33	3,278.18	13,529.87
88	2028	460.73	4,290.83	19,568.70	341.83	3,004.32	14,456.87
89	2029	483.76	3,899.32	20,903.15	349.33	2,730.19	15,030.04
90	2030	507.95	3,510.52	21,709.92	356.83	2,457.96	15,185.97
91	2031	533.35	3,128.28	22,098.60	364.33	2,190.33	15,031.19
92	2032	560.02	2,756.95	22,026.90	371.83	1,930.34	14,562.71
93	2033	588.02	2,401.06	21,479.97	379.33	1,681.15	13,797.67
94	2034	617.42	2,064.76	20,472.97	386.83	1,445.69	12,772.22
95	2035	648.29	1,751.64	19,052.55	394.33	1,226.45	11,539.56
		\$83,139.74		\$170,898.82	\$58,212.10		\$130,460.51
		Future LR		205.6%	Future LR		224.1%

Exhibit 3**Table 5**

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Daily	Earned	Expected Claim Cost	Daily	Earned	Expected Claim	
		Benefit	Prem	(5% Compound)	Benefit	Prem	Cost (No COLA)	
67	2015	244.33	3,818.88	359.58	244.33	960.00	321.86	
68	2016	256.55	3,719.74	427.48	244.33	935.08	364.41	
69	2017	269.38	3,620.25	518.10	244.33	910.07	420.64	
70	2018	282.85	3,520.73	621.59	244.33	885.05	480.63	
71	2019	296.99	3,421.13	865.47	244.33	860.01	637.33	
72	2020	311.84	3,321.05	1,108.63	244.33	834.85	777.52	
73	2021	327.43	3,219.84	1,303.86	244.33	809.41	870.89	
74	2022	343.80	3,117.07	1,643.62	244.33	783.58	1,045.55	
75	2023	360.99	3,012.59	1,814.61	244.33	757.31	1,099.36	
76	2024	379.04	2,906.15	2,048.93	244.33	730.56	1,182.21	
77	2025	397.99	2,797.44	2,287.90	244.33	703.23	1,257.23	
78	2026	417.89	2,686.12	2,702.92	244.33	675.24	1,414.56	
79	2027	438.79	2,572.13	3,455.11	244.33	646.59	1,722.11	
80	2028	460.73	2,455.62	4,148.74	244.33	617.30	1,969.36	
81	2029	483.76	2,336.61	5,100.62	244.33	587.38	2,305.91	
82	2030	507.95	2,215.00	6,240.17	244.33	556.81	2,686.75	
83	2031	533.35	2,090.66	7,015.19	244.33	525.56	2,876.61	
84	2032	560.02	1,963.93	7,408.19	244.33	493.70	2,893.11	
85	2033	588.02	1,835.43	8,417.90	244.33	461.40	3,097.13	
86	2034	617.42	1,705.59	9,503.66	244.33	428.76	3,294.20	
87	2035	648.29	1,574.73	10,650.21	244.33	395.86	3,477.93	
88	2036	680.71	1,443.18	11,451.40	244.33	362.79	3,634.68	
89	2037	714.74	1,311.50	12,198.12	244.33	329.69	3,697.66	
90	2038	750.48	1,180.73	12,861.14	244.33	296.81	3,657.50	
91	2039	788.00	1,052.16	13,410.85	244.33	264.50	3,545.69	
92	2040	827.40	927.27	13,819.15	244.33	233.10	3,365.89	
93	2041	868.77	807.57	14,060.51	244.33	203.01	3,126.02	
94	2042	912.21	694.46	14,113.26	244.33	174.58	2,837.59	
95	2043	957.82	589.14	13,962.30	244.33	148.10	2,514.97	
		\$43,932.50		\$81,118.72			\$11,043.87	\$29,399.23
		Future LR		184.6%			Future LR	266.2%

Exhibit 3**Table 6**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(No COLA)
75	2015	244.33	6,076.08	1,556.92	244.33	1,740.00	1,481.05
76	2016	256.55	5,861.40	1,757.96	244.33	1,678.52	1,592.66
77	2017	269.38	5,642.16	1,962.99	244.33	1,615.74	1,693.73
78	2018	282.85	5,417.62	2,319.08	244.33	1,551.44	1,905.68
79	2019	296.99	5,187.71	2,964.45	244.33	1,485.60	2,320.01
80	2020	311.84	4,952.74	3,559.58	244.33	1,418.31	2,653.11
81	2021	327.43	4,712.70	4,376.28	244.33	1,349.57	3,106.51
82	2022	343.80	4,467.42	5,354.00	244.33	1,279.33	3,619.57
83	2023	360.99	4,216.65	6,018.96	244.33	1,207.52	3,875.35
84	2024	379.04	3,961.05	6,356.15	244.33	1,134.32	3,897.57
85	2025	397.99	3,701.88	7,222.46	244.33	1,060.10	4,172.42
86	2026	417.89	3,440.00	8,154.03	244.33	985.11	4,437.92
87	2027	438.79	3,176.07	9,137.77	244.33	909.53	4,685.44
88	2028	460.73	2,910.74	9,825.18	244.33	833.54	4,896.61
89	2029	483.76	2,645.15	10,465.85	244.33	757.49	4,981.46
90	2030	507.95	2,381.40	11,034.71	244.33	681.96	4,927.35
91	2031	533.35	2,122.11	11,506.36	244.33	607.70	4,776.73
92	2032	560.02	1,870.21	11,856.68	244.33	535.57	4,534.51
93	2033	588.02	1,628.79	12,063.76	244.33	466.43	4,211.35
94	2034	617.42	1,400.66	12,109.02	244.33	401.10	3,822.78
95	2035	648.29	1,188.24	11,979.50	244.33	340.28	3,388.14
				\$56,398.89			\$16,150.88
				Future LR			Future LR
				157.4%			290.0%

Exhibit 3**Table 7**

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Daily Benefit	Earned Prem	Expected Claim Cost	
			(5% Compound)				(No COLA)	
67	2015	244.33	5,549.31	721.58	244.33	1,395.00	666.44	
68	2016	256.55	5,380.20	853.28	244.33	1,352.49	750.54	
69	2017	269.38	5,208.47	1,027.76	244.33	1,309.32	860.97	
70	2018	282.85	5,033.89	1,224.12	244.33	1,265.43	976.63	
71	2019	296.99	4,856.04	1,690.08	244.33	1,220.72	1,284.18	
72	2020	311.84	4,674.39	2,144.11	244.33	1,175.06	1,551.58	
73	2021	327.43	4,488.37	2,494.28	244.33	1,128.30	1,719.03	
74	2022	343.80	4,297.90	3,105.94	244.33	1,080.42	2,038.65	
75	2023	360.99	4,103.23	3,382.38	244.33	1,031.48	2,114.37	
76	2024	379.04	3,904.36	3,761.05	244.33	981.49	2,239.13	
77	2025	397.99	3,701.16	4,128.24	244.33	930.41	2,340.70	
78	2026	417.89	3,493.39	4,784.50	244.33	878.18	2,583.62	
79	2027	438.79	3,281.63	5,986.98	244.33	824.95	3,079.01	
80	2028	460.73	3,066.92	7,020.60	244.33	770.97	3,438.65	
81	2029	483.76	2,849.96	8,406.70	244.33	716.43	3,921.48	
82	2030	507.95	2,631.30	9,986.23	244.33	661.46	4,436.46	
83	2031	533.35	2,411.48	10,860.51	244.33	606.20	4,595.11	
84	2032	560.02	2,191.45	11,048.23	244.33	550.89	4,451.94	
85	2033	588.02	1,972.94	11,908.98	244.33	495.96	4,570.27	
86	2034	617.42	1,758.11	12,695.42	244.33	441.96	4,640.07	
87	2035	648.29	1,549.43	13,374.19	244.33	389.50	4,655.39	
88	2036	680.71	1,349.41	13,887.43	244.33	339.22	4,603.85	
89	2037	714.74	1,160.41	13,978.60	244.33	291.71	4,413.40	
90	2038	750.48	984.43	13,622.39	244.33	247.47	4,096.13	
91	2039	788.00	823.12	13,866.27	244.33	206.92	3,970.92	
92	2040	827.40	725.42	13,821.29	244.33	182.36	3,769.56	
93	2041	868.77	631.77	13,478.10	244.33	158.82	3,500.91	
94	2042	912.21	543.29	12,846.23	244.33	136.57	3,177.89	
95	2043	957.82	460.89	11,954.96	244.33	115.86	2,816.58	
		\$57,597.46		\$107,097.06	\$14,479.00		\$44,770.04	
		Future LR		185.9%	Future LR		309.2%	

Exhibit 3**Table 8**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained		Expected Claim Cost			Expected Claim		
Age	Year	Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (No COLA)
75	2015	244.33	8,956.98	3,138.88	244.33	2,565.00	2,899.01
76	2016	256.55	8,640.52	3,544.19	244.33	2,474.38	3,117.47
77	2017	269.38	8,317.32	3,957.56	244.33	2,381.82	3,315.30
78	2018	282.85	7,986.32	4,675.45	244.33	2,287.03	3,730.19
79	2019	296.99	7,647.40	5,976.57	244.33	2,189.98	4,541.19
80	2020	311.84	7,301.02	7,176.41	244.33	2,090.78	5,193.20
81	2021	327.43	6,947.17	8,822.94	244.33	1,989.45	6,080.68
82	2022	343.80	6,585.60	10,794.11	244.33	1,885.91	7,084.94
83	2023	360.99	6,215.92	12,134.73	244.33	1,780.05	7,585.60
84	2024	379.04	5,839.13	12,814.53	244.33	1,672.14	7,629.10
85	2025	397.99	5,457.08	14,404.12	244.33	1,562.74	8,167.11
86	2026	417.89	5,071.03	16,086.69	244.33	1,452.19	8,686.78
87	2027	438.79	4,681.97	17,833.10	244.33	1,340.77	9,171.28
88	2028	460.73	4,290.83	19,568.70	244.33	1,228.76	9,584.64
89	2029	483.76	3,899.32	20,903.15	244.33	1,116.64	9,750.71
90	2030	507.95	3,510.52	21,709.92	244.33	1,005.30	9,644.80
91	2031	533.35	3,128.28	22,098.60	244.33	895.84	9,349.98
92	2032	560.02	2,756.95	22,026.90	244.33	789.51	8,875.85
93	2033	588.02	2,401.06	21,479.97	244.33	687.59	8,243.30
94	2034	617.42	2,064.76	20,472.97	244.33	591.28	7,482.70
95	2035	648.29	1,751.64	19,052.55	244.33	501.61	6,631.96
		\$83,139.74		\$170,898.82	\$23,808.63		\$91,680.51
		Future LR		205.6%	Future LR		385.1%

Exhibit 4

**Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q
As of 12/31/2014
No Rate Increase, Best Estimate & Pricing Interest Rate**

Year	Earned Premium*	Incurred Claims*	Loss Ratio	Expected Earned	Expected Incurred	Expected Loss	Actual to
				Premium	Claims	Ratio	Expected
2006	\$1,720,870	\$0	0.0%	\$1,720,870	\$25,129	1.5%	0.0%
2007	\$11,618,948	\$226,659	2.0%	\$11,606,305	\$185,947	1.6%	121.8%
2008	\$25,153,341	\$130,729	0.5%	\$25,373,783	\$499,442	2.0%	26.4%
2009	\$34,229,481	\$635,798	1.9%	\$35,342,763	\$901,584	2.6%	72.8%
2010	\$37,743,853	\$688,811	1.8%	\$39,139,436	\$1,344,722	3.4%	53.1%
2011	\$36,614,035	\$1,564,630	4.3%	\$37,583,970	\$1,794,610	4.8%	89.5%
2012	\$35,819,346	\$3,303,696	9.2%	\$36,290,239	\$2,309,261	6.4%	144.9%
2013	\$35,211,460	\$3,499,104	9.9%	\$35,143,453	\$2,898,768	8.2%	120.5%
2014	\$34,506,297	\$2,856,344	8.3%	\$34,052,401	\$3,555,268	10.4%	79.3%
2015	\$34,064,272	\$5,401,680	15.86%				
2016	\$33,044,035	\$6,269,638	18.97%				
2017	\$31,356,710	\$7,305,943	23.30%				
2018	\$29,790,211	\$8,512,855	28.58%				
2019	\$28,371,876	\$9,875,616	34.81%				
2020	\$27,188,154	\$11,412,193	41.97%				
2021	\$26,236,142	\$13,132,739	50.06%				
2022	\$25,236,586	\$15,064,505	59.69%				
2023	\$24,231,228	\$17,190,795	70.94%				
2024	\$23,188,385	\$19,504,252	84.11%				
2025	\$22,123,363	\$22,012,122	99.50%				
2026	\$21,026,841	\$24,676,028	117.35%				
2027	\$19,914,554	\$27,489,237	138.04%				
2028	\$18,782,889	\$30,374,821	161.72%				
2029	\$17,642,668	\$33,343,593	188.99%				
2030	\$16,500,577	\$36,291,501	219.94%				
2031	\$15,384,755	\$39,154,076	254.50%				
2032	\$14,285,334	\$41,862,632	293.05%				
2033	\$13,208,664	\$44,321,731	335.55%				
2034	\$12,159,894	\$46,481,509	382.25%				
2035	\$11,146,280	\$48,267,253	433.03%				
2036	\$10,162,983	\$49,772,302	489.74%				
2037	\$9,218,790	\$51,497,688	558.62%				
2038	\$8,317,494	\$53,663,500	645.19%				
2039	\$7,464,817	\$56,122,122	751.82%				
2040	\$6,660,916	\$58,449,629	877.50%				
2041	\$5,907,805	\$60,246,203	1019.77%				
2042	\$5,206,150	\$61,443,391	1180.21%				
2043	\$4,561,546	\$61,975,309	1358.65%				
2044	\$3,970,780	\$61,839,263	1557.36%				
2045	\$3,434,658	\$61,049,514	1777.46%				
2046	\$2,952,122	\$59,643,434	2020.36%				
2047	\$2,521,066	\$57,646,543	2286.59%				
2048	\$2,139,170	\$55,125,394	2576.95%				
2049	\$1,803,624	\$52,162,067	2892.07%				
2050	\$1,511,233	\$48,862,950	3233.32%				
2051	\$1,258,519	\$45,334,290	3602.19%				
2052	\$1,041,842	\$41,671,279	3999.77%				
2053	\$857,523	\$37,951,191	4425.67%				
2054	\$701,933	\$34,266,522	4881.73%				
2055	\$571,569	\$30,698,685	5370.95%				
2056	\$463,115	\$27,301,520	5895.19%				
2057	\$373,491	\$24,110,264	6455.38%				
2058	\$299,889	\$21,154,169	7053.99%				
2059	\$239,799	\$18,460,424	7698.29%				
2060	\$191,002	\$16,018,203	8386.41%				
2061	\$151,572	\$13,832,569	9126.08%				
2062	\$119,853	\$11,900,581	9929.29%				
2063	\$94,446	\$10,199,594	10799.45%				
2064	\$74,173	\$8,709,426	11742.03%				
2065	\$58,058	\$7,411,209	12765.24%				
2066	\$45,291	\$6,285,222	13877.56%				
2067	\$35,208	\$5,311,167	15084.95%				
2068	\$27,272	\$4,478,682	16422.19%				
2069	\$21,049	\$3,770,503	17912.66%				
2070+	\$87,645	\$21,351,675	24361.42%				

Summary of Experience at 4% Interest

	Earned Premium*	Incurred Claims*	Loss Ratio	Expected Earned	Expected Incurred	Expected Loss	Actual to
				Premium	Claims	Ratio	Expected
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%	\$296,407,650	\$14,957,936	5.0%	96.0%
Projected Future (2015 +)	\$368,498,568	\$655,231,140	177.8%				
Total Lifetime Anticipated	\$660,495,420	\$669,377,579	101.3%				

*Actuals for 2014 and prior

Exhibit 5

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014**

No Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,696,573	\$214,137	12.62%
2016	\$1,661,398	\$249,267	15.00%
2017	\$1,608,575	\$292,561	18.19%
2018	\$1,552,864	\$344,542	22.19%
2019	\$1,494,357	\$400,766	26.82%
2020	\$1,445,050	\$464,855	32.17%
2021	\$1,404,574	\$535,461	38.12%
2022	\$1,350,599	\$618,841	45.82%
2023	\$1,300,278	\$715,509	55.03%
2024	\$1,249,326	\$821,842	65.78%
2025	\$1,200,392	\$943,946	78.64%
2026	\$1,152,212	\$1,078,314	93.59%
2027	\$1,099,640	\$1,221,218	111.06%
2028	\$1,047,866	\$1,373,772	131.10%
2029	\$992,663	\$1,542,792	155.42%
2030	\$933,832	\$1,712,440	183.38%
2031	\$879,539	\$1,893,552	215.29%
2032	\$825,832	\$2,076,042	251.39%
2033	\$774,625	\$2,249,177	290.36%
2034	\$724,639	\$2,412,123	332.87%
2035	\$674,770	\$2,568,720	380.68%
2036	\$622,587	\$2,713,788	435.89%
2037	\$574,021	\$2,885,961	502.76%
2038	\$527,204	\$3,099,327	587.88%
2039	\$483,618	\$3,337,226	690.05%
2040	\$441,779	\$3,568,044	807.65%
2041	\$401,841	\$3,784,649	941.83%
2042	\$363,936	\$3,970,886	1091.09%
2043	\$328,169	\$4,126,591	1257.46%
2044	\$294,637	\$4,248,174	1441.83%
2045	\$263,397	\$4,335,156	1645.86%
2046	\$234,471	\$4,393,662	1873.86%
2047	\$207,858	\$4,416,550	2124.79%
2048	\$183,519	\$4,398,930	2396.99%
2049	\$161,396	\$4,337,740	2687.64%
2050	\$141,403	\$4,243,675	3001.12%
2051	\$123,437	\$4,123,038	3340.20%
2052	\$107,373	\$3,972,249	3699.49%
2053	\$93,081	\$3,799,442	4081.87%
2054	\$80,426	\$3,611,605	4490.59%
2055	\$69,263	\$3,414,122	4929.21%
2056	\$59,456	\$3,208,382	5396.23%
2057	\$50,872	\$2,991,998	5881.42%
2058	\$43,380	\$2,768,189	6381.26%
2059	\$36,864	\$2,543,763	6900.40%
2060	\$31,210	\$2,319,711	7432.59%
2061	\$26,328	\$2,098,935	7972.25%
2062	\$22,127	\$1,884,048	8514.70%
2063	\$18,519	\$1,674,539	9042.28%
2064	\$15,436	\$1,475,993	9562.02%
2065	\$12,817	\$1,289,278	10059.12%
2066	\$10,594	\$1,113,762	10513.14%
2067	\$8,722	\$953,634	10933.66%
2068	\$7,148	\$810,604	11340.29%
2069	\$5,830	\$684,775	11745.71%
2070+	\$28,315	\$3,875,543	13687.24%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Hisorical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$20,155,439	\$41,253,319	204.7%
Total Lifetime Anticipated	\$34,503,912	\$41,741,877	121.0%

*Actuals for 2014 and prior

Exhibit 6

**Allianz Life Insurance Company of North America
National**

Policy Form Series : 11-P-Q

As of 12/31/2014

60 % Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$1,720,870	\$0	0.0%
2007	\$11,618,948	\$226,659	2.0%
2008	\$25,153,341	\$130,729	0.5%
2009	\$34,229,481	\$635,798	1.9%
2010	\$37,743,853	\$688,811	1.8%
2011	\$36,614,035	\$1,564,630	4.3%
2012	\$35,819,346	\$3,303,696	9.2%
2013	\$35,211,460	\$3,499,104	9.9%
2014	\$34,506,297	\$2,856,344	8.3%
2015	\$31,778,831	\$5,207,896	16.39%
2016	\$33,052,800	\$6,058,493	18.33%
2017	\$43,819,644	\$7,163,639	16.35%
2018	\$43,682,301	\$8,361,271	19.14%
2019	\$41,580,101	\$9,685,466	23.29%
2020	\$39,866,164	\$11,163,272	28.00%
2021	\$38,522,510	\$12,801,792	33.23%
2022	\$37,107,976	\$14,636,888	39.44%
2023	\$35,683,644	\$16,651,902	46.67%
2024	\$34,202,307	\$18,839,505	55.08%
2025	\$32,682,411	\$21,203,410	64.88%
2026	\$31,111,280	\$23,706,391	76.20%
2027	\$29,514,268	\$26,344,523	89.26%
2028	\$27,884,812	\$29,042,446	104.15%
2029	\$26,236,404	\$31,806,035	121.23%
2030	\$24,580,882	\$34,544,092	140.53%
2031	\$22,961,822	\$37,193,910	161.98%
2032	\$21,363,053	\$39,693,479	185.80%
2033	\$19,789,957	\$41,945,205	211.95%
2034	\$18,254,782	\$43,905,649	240.52%
2035	\$16,766,378	\$45,517,608	271.48%
2036	\$15,319,879	\$46,863,661	305.90%
2037	\$13,922,589	\$48,419,772	347.78%
2038	\$12,584,912	\$50,387,838	400.38%
2039	\$11,316,566	\$52,624,699	465.02%
2040	\$10,116,502	\$54,737,193	541.07%
2041	\$8,988,518	\$56,351,923	626.93%
2042	\$7,934,380	\$57,411,038	723.57%
2043	\$6,963,432	\$57,851,393	830.79%
2044	\$6,071,754	\$57,668,358	949.78%
2045	\$5,260,112	\$56,886,647	1081.47%
2046	\$4,527,453	\$55,541,386	1226.77%
2047	\$3,871,394	\$53,644,859	1385.67%
2048	\$3,288,841	\$51,266,429	1558.80%
2049	\$2,775,935	\$48,481,712	1746.50%
2050	\$2,328,112	\$45,387,874	1949.56%
2051	\$1,940,374	\$42,085,229	2168.92%
2052	\$1,607,401	\$38,666,178	2405.51%
2053	\$1,323,747	\$35,198,020	2658.97%
2054	\$1,083,990	\$31,767,357	2930.60%
2055	\$882,883	\$28,449,296	3222.32%
2056	\$715,435	\$25,289,164	3534.80%
2057	\$576,976	\$22,320,277	3868.49%
2058	\$463,214	\$19,570,035	4224.84%
2059	\$370,281	\$17,064,896	4608.63%
2060	\$294,825	\$14,794,401	5018.03%
2061	\$233,872	\$12,762,569	5457.07%
2062	\$184,853	\$10,966,735	5932.68%
2063	\$145,595	\$9,386,560	6447.03%
2064	\$114,298	\$8,004,297	7003.01%
2065	\$89,463	\$6,801,931	7603.07%
2066	\$69,775	\$5,760,560	8255.91%
2067	\$54,251	\$4,861,032	8960.26%
2068	\$42,035	\$4,093,270	9737.77%
2069	\$32,468	\$3,441,735	10600.39%
2070+	\$135,320	\$19,495,024	14406.61%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%
Projected Future (2015 +)	\$510,090,252	\$618,757,200	121.3%
Total Lifetime Anticipated	\$802,087,105	\$632,903,638	78.9%

*Actuals for 2014 and prior

Exhibit 7

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014
60 % Rate Increase, Best Estimate & Pricing Interest Rate**

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,583,226	\$211,305	13.35%
2016	\$1,666,199	\$246,729	14.81%
2017	\$2,350,617	\$295,382	12.57%
2018	\$2,404,061	\$349,406	14.53%
2019	\$2,317,644	\$406,331	17.53%
2020	\$2,242,614	\$469,806	20.95%
2021	\$2,181,274	\$537,837	24.66%
2022	\$2,097,049	\$618,484	29.49%
2023	\$2,019,986	\$711,268	35.21%
2024	\$1,941,410	\$812,406	41.85%
2025	\$1,866,795	\$928,414	49.73%
2026	\$1,793,439	\$1,055,013	58.83%
2027	\$1,712,993	\$1,189,805	69.46%
2028	\$1,633,834	\$1,332,310	81.55%
2029	\$1,548,597	\$1,488,412	96.11%
2030	\$1,457,535	\$1,644,980	112.86%
2031	\$1,373,605	\$1,811,131	131.85%
2032	\$1,290,432	\$1,977,822	153.27%
2033	\$1,211,385	\$2,135,333	176.27%
2034	\$1,134,155	\$2,281,820	201.19%
2035	\$1,057,636	\$2,420,498	228.86%
2036	\$980,059	\$2,548,134	260.00%
2037	\$904,223	\$2,702,813	298.91%
2038	\$831,010	\$2,896,692	348.57%
2039	\$762,891	\$3,111,743	407.89%
2040	\$697,391	\$3,317,846	475.75%
2041	\$634,761	\$3,508,887	552.79%
2042	\$575,231	\$3,672,069	638.36%
2043	\$518,991	\$3,805,781	733.30%
2044	\$466,196	\$3,906,713	838.00%
2045	\$416,959	\$3,977,654	953.97%
2046	\$371,327	\$4,023,893	1083.65%
2047	\$329,306	\$4,034,361	1225.11%
2048	\$290,852	\$4,007,237	1377.76%
2049	\$255,879	\$3,937,659	1538.88%
2050	\$224,264	\$3,838,037	1711.39%
2051	\$195,850	\$3,715,137	1896.93%
2052	\$170,441	\$3,567,204	2092.93%
2053	\$147,836	\$3,400,753	2300.36%
2054	\$127,817	\$3,222,792	2521.41%
2055	\$110,164	\$3,036,402	2756.26%
2056	\$94,656	\$2,844,067	3004.63%
2057	\$81,079	\$2,644,331	3261.43%
2058	\$69,230	\$2,439,477	3523.73%
2059	\$58,927	\$2,235,938	3794.42%
2060	\$49,994	\$2,034,540	4069.57%
2061	\$42,275	\$1,837,868	4347.41%
2062	\$35,622	\$1,648,033	4626.45%
2063	\$29,914	\$1,464,473	4895.61%
2064	\$25,026	\$1,291,995	5162.61%
2065	\$20,863	\$1,131,084	5421.48%
2066	\$17,324	\$980,626	5660.51%
2067	\$14,331	\$844,022	5889.48%
2068	\$11,806	\$722,020	6115.70%
2069	\$9,686	\$614,756	6346.85%
2070+	\$47,855	\$3,637,265	7600.60%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Hisorical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$29,360,018	\$38,431,246	130.9%
Total Lifetime Anticipated	\$43,708,491	\$38,919,804	89.0%

*Actuals for 2014 and prior

Exhibit 8
58/85 Calculations
Allianz Life Insurance of North America
National

Following the format of Section 20(C)(2) of Model 641 (Long-Term Care Insurance Model Regulation), the "58/85" calculation is as follows (all dollar values in millions):

a)	The accumulated value of the initial earned premium is	292.00
	58% of this value:	169.36
b)	The accumulated value of prior premium rate schedule increases is	0.00
	85% of this value:	0.00
c)	The present value of future projected initial earned premiums is	368.50
	58% of this value:	213.73
d)	The present value of future projected earned premium from prior premium rate schedule increases is	0.00
	PV of future projected EP from 60% increase:	141.59
	Combined:	141.59
	85% of this value:	120.35
e)	The accumulated value of past incurred claims is	14.15
	The present value of future projected incurred claims is	720.75
	sum of these 2 values:	734.90
f)	The sum of a,b,c and d is	503.44
	This amount is less than e)	734.90

*Maximum justified rate increase is over 110%

Exhibit 9
National Impact on Premiums
Allianz Life Insurance of North America
Policy Form: 11-P-Q

Policy Form 114-Q																
Assumption	Original Pricing Assumption	Current Best Estimate Assumption														
Original Loss Ratio	65.50%	N/A														
Morbidity	<p>Claim Cost Development</p> <p>Morbidity – Claim costs were developed using Milliman, USA’s 2002 edition of their Long Term Care Guidelines (Guidelines). The Guidelines were developed from public sources as well as an internal database of \$1.8 billion of Long Term Care insurance claims. Milliman then created and validated the morbidity adjustment factors using their Long Term Care insurance claim data base. Allianz then made some additional adjustments to ensure consistency with several additional sources of claim costs, including the 1997 National Nursing Home Study, and two long term care reinsurers.</p>	<p>Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.</p> <p>There is no morbidity load for anti-selection since this will be the first rate increase for these policies. The impact of underwriting has worn off and the claim projection does not include any future morbidity deterioration or improvements.</p>														
Mortality	Mortality - 1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+)	The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality without future improvements.														
Lapse	<p>Lapse rates vary by inflation protection option, duration, premium payment pattern, and individual policy versus policy with spousal discount rider. Lapse rates are based on our own insured experience. Ultimate lapse rates are consistent with our own insured experience as well as industry experience and judgement.</p> <p>Lapse assumptions for policies with the Paid Up at Age 65 rider will use lapse assumptions identical to those used with the Ten-Year Premium Payment Rider for years one through five. Lapse rates after year five will linearly grade to zero over the remaining years until the insured becomes age 65. For policies issued with simplified underwriting an additional 50 basis points is added to the base lapse assumptions until the insured becomes age 65. This is because persistency is expected to be worse until the insured reaches a retirement age of 65. After age 65, lapse assumptions are identical to base lapse assumptions.</p> <p>See table 10.1 on next page</p>	<p>The Company’s own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows:</p> <table><tr><td>1</td><td>7.00 %</td></tr><tr><td>2</td><td>3.40 %</td></tr><tr><td>3</td><td>2.20 %</td></tr><tr><td>4</td><td>1.50 %</td></tr><tr><td>5</td><td>1.00 %</td></tr><tr><td>6</td><td>0.90 %</td></tr><tr><td>7</td><td>0.75 % (for all durations 7 and above)</td></tr></table> <p>Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations that are not caused by deaths are estimated to be around 1.75% annually as all policyholders are on duration 7+.</p>	1	7.00 %	2	3.40 %	3	2.20 %	4	1.50 %	5	1.00 %	6	0.90 %	7	0.75 % (for all durations 7 and above)
1	7.00 %															
2	3.40 %															
3	2.20 %															
4	1.50 %															
5	1.00 %															
6	0.90 %															
7	0.75 % (for all durations 7 and above)															
Interest Rate	4.00%	4.00%														
Expense	<p>Acquisition - See table 10.2 on next page</p> <p>An additional 12.5% of first year premiums - for acquisition costs</p> <p>An additional 14% of first year premiums – for marketing expenses</p> <p>Maintenance: \$65 all years</p> <p>Claims Administration: 4% (for \$50 - \$99 daily benefit) and 6% (for \$100 - \$500 daily benefit) of base incurred claims, (excludes COLA portion of claims) (5% used for simplified underwriting)</p> <p>Percent of Premium: 2.5% of gross premium</p>	Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate.														

Table 9.1 - Lapse Rates

	INDIVIDUAL POLICY		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%

	WITH SPOUSAL DISCOUNT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%

	INDIVIDUAL POLICY WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%
6	1.80%	1.40%	1.00%
7	1.35%	1.05%	0.75%
8	0.90%	0.70%	0.50%
9	0.45%	0.35%	0.25%
10+	0.00%	0.00%	0.00%

	WITH SPOUSAL DISCOUNT RIDER AND WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%
6	1.60%	1.20%	0.80%
7	1.20%	0.90%	0.60%
8	0.80%	0.60%	0.40%
9	0.40%	0.30%	0.20%
10+	0.00%	0.00%	0.00%

Table 9.2 - Acquisition Expense

Age	Regular Underwriting	Simplified Underwriting
18-44	\$510	\$314
45-49	\$520	\$320
50-54	\$525	\$323
55-59	\$550	\$338
60-64	\$610	\$375
65-69	\$680	\$418
70-74	\$1,150	\$708
75-79	\$1,400	\$862
80-84	\$1,500	\$923
Avg Cost	\$650	\$400

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

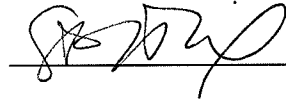
Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2280-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains
154 sentences, 2,337 words and 3,899 syllables. The type size of the text of the policy forms is
Times New Roman 12/14 point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with
Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and
Readable Accident and Sickness Insurance Policies adopted pursuant thereto.



Signature of an Officer of the Insurer

Steve Thiel

Name (Print)

Vice President Actuary

Title

5/18/16

Date

Long Term Care Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number:	Allianz Life Insurance Company of North America - 90611
SERFF Tracking Number:	ALLB-130164458
Effective Date:	Upon Approval

Revised Rates

Average Annual Premium Per Member:	3,265
Average Requested Percentage Rate Change Per Member:	60%
Minimum Requested Percentage Rate Change Per Member:	0%
Maximum Requested Percentage Rate Change Per Member:	80%
Number of Policy Holders Affected :	742

Plans Affected
(The Form Number and “Product Name”)

Form#	“Product Name”(if applicable)
11-R1	Generation Protector II
11-R2	Generation Protector II
11-R3	Generation Protector II
11-R4	Generation Protector II
11-R5	Generation Protector II

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company’s request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

.....

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.

Actual to Expected Exhibit

Allianz Life Insurance Company of North America Nationwide Policy Form Series : 11-P-Q As of 12/31/2014

Year	A		B		C= B/A	D		E		F= E/D	Actual to Expected Claims
	Earned	Premium	Paid Claims	Incurred Claims		Expected Earned Premium	Expected Incurred Claims	Expected	Loss Ratio		
2006		1,720,870	0	0	0.0%	1,720,870	25,129		1.5%		0.0%
2007		11,618,948	226,659	226,659	2.0%	11,606,305	185,947		1.6%		121.8%
2008		25,153,341	130,729	130,729	0.5%	25,373,783	499,442		2.0%		26.4%
2009		34,229,481	526,427	635,798	1.9%	35,342,763	901,584		2.6%		72.8%
2010		37,743,853	688,811	688,811	1.8%	39,139,436	1,344,722		3.4%		53.1%
2011		36,614,035	1,186,617	1,564,630	4.3%	37,583,970	1,794,610		4.8%		89.5%
2012		35,819,346	1,544,711	3,303,696	9.2%	36,290,239	2,309,261		6.4%		144.9%
2013		35,211,460	1,048,308	3,499,104	9.9%	35,143,453	2,898,768		8.2%		120.5%
2014		34,506,297	157,282	2,856,344	8.3%	34,052,401	3,555,268		10.4%		79.3%
		252,617,632	5,509,544	12,905,771	5.1%	256,253,219	13,514,731		5.3%		96.9%

Historical Experience by Duration

Duration					Loss Ratio					Actual to Expected Claims
	Earned	Premium	Paid Claims	Incurred Claims		Expected Earned Premium	Expected Incurred Claims	Expected	Loss Ratio	
1		42,683,096	148,574	148,574	0.3%	42,683,096	623,271		1.5%	23.8%
2		38,802,574	409,162	409,162	1.1%	40,385,194	998,191		2.5%	42.7%
3		37,405,545	750,570	941,789	2.5%	38,613,177	1,393,187		3.6%	69.8%
4		36,414,360	1,013,146	1,443,070	4.0%	37,160,123	1,883,047		5.1%	78.2%
5		35,742,520	1,476,607	3,566,649	10.0%	35,974,427	2,340,013		6.5%	153.4%
6		30,295,210	962,935	2,946,378	9.7%	30,511,847	2,624,902		8.6%	113.0%
7		20,634,827	658,292	1,955,767	9.5%	20,673,055	2,240,746		10.8%	87.4%
8		9,274,275	90,259	1,354,703	14.6%	8,976,208	1,200,426		13.4%	109.2%
9		1,365,226	0	139,679	10.2%	1,276,093	210,948		16.5%	61.9%
		252,617,632	5,509,544	12,905,771	5.1%	256,253,219	13,514,731		5.3%	96.9%

Present values at 4%

					Loss Ratio					Actual to Expected Claims
	Earned	Premium	Paid Claims	Incurred Claims		Expected Earned Premium	Expected Incurred Claims	Expected	Loss Ratio	
Historical		291,996,853	6,285,089	14,146,438	4.8%	296,407,650	14,957,936		5.0%	96.0%

¹ Column "D" - Expected Earned Premium: the premium anticipated to be earned from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age).

² Column "E" - Expected Incurred Claims: the anticipated incurred claims from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age) and original pricing expected loss ratios (by policy duration).

Actual to Expected Exhibit

**Allianz Life Insurance Company of North America
Virginia
Policy Form Series : 11-P-Q-VA
As of 12/31/2014**

A					B	C= B/A	D		E	F= E/D	
				Incurred			Expected	Expected			Actual to
Year	Earned	Premium	Paid Claims	Claims	Loss Ratio		Earned	Incurred	Expected	Loss	Expected
							Premium	Claims		Ratio	Claims
2006		11,466	0	0	0.0%		11,466	167		1.5%	0.0%
2007		543,553	0	0	0.0%		543,554	8,047		1.5%	0.0%
2008		1,248,216	0	0	0.0%		1,257,148	23,678		1.9%	0.0%
2009		1,687,135	0	0	0.0%		1,685,006	42,424		2.5%	0.0%
2010		1,883,282	52,266	52,266	2.8%		1,865,986	63,589		3.4%	81.4%
2011		1,824,924	0	0	0.0%		1,792,263	84,803		4.7%	0.0%
2012		1,777,823	0	0	0.0%		1,730,872	109,237		6.3%	0.0%
2013		1,744,916	63,747	180,943	10.4%		1,676,347	137,471		8.2%	126.5%
2014		1,713,245	5,377	229,746	13.4%		1,624,320	168,516		10.4%	129.3%
		12,434,560	121,389	462,955	3.7%		12,186,964	637,932		5.2%	71.1%

Historical Experience by Duration

Duration	Earned	Premium	Paid Claims	Incurred		Expected	Expected	Expected	Loss	Actual to
				Claims	Loss Ratio	Earned	Incurred			
						Premium	Claims		Ratio	Expected
1		2,034,676	0	0	0.0%	2,034,676	29,711		1.5%	0.0%
2		1,918,427	52,266	52,266	2.7%	1,925,136	47,583		2.5%	110.2%
3		1,882,587	0	0	0.0%	1,840,665	66,412		3.6%	0.0%
4		1,834,780	0	0	0.0%	1,771,399	89,764		5.1%	0.0%
5		1,768,282	5,377	229,746	13.0%	1,714,566	111,527		6.5%	199.7%
6		1,495,843	86	86	0.0%	1,454,187	125,102		8.6%	0.1%
7		1,057,324	63,661	180,857	17.1%	1,020,308	110,591		10.8%	157.8%
8		433,184	0	0	0.0%	417,524	55,837		13.4%	0.0%
9		9,457	0	0	0.0%	8,502	1,406		16.5%	0.0%
		12,434,560	121,389	462,955	3.7%	12,186,964	637,932		5.2%	71.1%

Present values at 4%

					Expected Earned Premium	Expected Incurred Claims	Expected Loss Ratio	Actual to Expected Claims
Earned	Premium	Paid Claims	Incurred Claims	Loss Ratio				
Historical	14,348,473	135,447	488,558	3.4%	14,084,062	705,513	5.0%	68.0%

¹

Column "D" - Expected Earned Premium: the premium anticipated to be earned from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age).

²

Column "E" - Expected Incurred Claims: the anticipated incurred claims from the inception of each policy, under the original pricing persistency actuarial assumptions (voluntary lapse rates by policy duration and mortality by gender and attained age) and original pricing expected loss ratios (by policy duration).

Allianz Life Insurance Company of North America
Policy Form Series : 11-P-Q
As of 12/31/2014

	Policyholders	Current Annualized Premium	*Proposed Annualized Premium	Current Average Premium	Proposed Average Premium
Virginia	742	\$1,712,139	\$2,739,423	\$2,307	\$3,692
Nationwide	15,767	\$34,366,573	\$54,986,517	\$2,180	\$3,487

*Proposed Increase is 60%

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Re: LTC RATE FILING 2015 GP2
SERFF Tracking Number: ALLB-130164458

Virginia Bureau of Insurance

April 6, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following response for the objection letter dated November 5, 2015. We have included the original objections in bold and our responses below them for your convenience.

- 1. According to the filing, these riders are attached to the Generation Protector II Policy Form Series: 11-P-Q-VA. Please provide the form numbers of all policies approved in this series exactly as each form was approved and provide the approval date and SERFF tracking number.***

Table 1
Information Regarding All Policies Approved
in the Generation Protector II Policy Form Series in Virginia

Form Number	Approval Date	SERFF Tracking Number
11-P-Q-VA	7/26/2006	SERT-6L7NDC243/00
11-PS-Q	7/26/2006	SERT-6L7NDC243/00
11-OC-Q-FULL-VA	7/26/2006	SERT-6L7NDC243/00
11-OC-Q-SIMP-VA	7/26/2006	SERT-6L7NDC243/00
11-OC-Q-SEL-FULL-VA	7/26/2006	SERT-6L7NDC243/00
11-OC-Q-SEL-SIMP-VA	7/26/2006	SERT-6L7NDC243/00
11-A-FULL-VA	7/26/2006	SERT-6L7NDC243/00
11-A-SIMP-VA	7/26/2006	SERT-6L7NDC243/00
11-A-SEL-FULL-VA	7/26/2006	SERT-6L7NDC243/00
11-A-SEL-SIMP-VA	7/26/2006	SERT-6L7NDC243/00
11-R1	7/26/2006	SERT-6L7NDC243/00
11-R2	7/26/2006	SERT-6L7NDC243/00
11-R3	7/26/2006	SERT-6L7NDC243/00
11-R4	7/26/2006	SERT-6L7NDC243/00
11-R5	7/26/2006	SERT-6L7NDC243/00
11-R6	7/26/2006	SERT-6L7NDC243/00
11-R7	7/26/2006	SERT-6L7NDC243/00
11-R8	7/26/2006	SERT-6L7NDC243/00
11-R9	7/26/2006	SERT-6L7NDC243/00
11-R10	7/26/2006	SERT-6L7NDC243/00
11-R11	7/26/2006	SERT-6L7NDC243/00
11-R12	7/26/2006	SERT-6L7NDC243/00
11-R13	7/26/2006	SERT-6L7NDC243/00
11-R14	7/26/2006	SERT-6L7NDC243/00
11-R15	7/26/2006	SERT-6L7NDC243/00
11-R16	7/26/2006	SERT-6L7NDC243/00
11-E-1	7/26/2006	SERT-6L7NDC243/00
10-R8-VA	10/22/2003	007 0000020897*
10-R17	10/22/2003	007 0000020897*

Form Number	Approval Date	SERFF Tracking Number
10-R18	10/22/2003	007 0000020897*
10-R21	10/22/2003	007 0000020897*
11-CB	4/26/2006	SERT-6P8JCX819/00
11-CPG	4/26/2006	SERT-6P8JCX819/00
11-CB-SEL	4/26/2006	SERT-6P8JCX819/00
11-CB-EMP	4/26/2006	SERT-6P8JCX819/00
0-SCB3	4/26/2006	SERT-6P8JCX819/00
0-M91	4/26/2006	SERT-6P8JCX819/00
11-ILL	4/26/2006	SERT-6P8JCX819/00
11-ILL-SEL	4/26/2006	SERT-6P8JCX819/00

**These riders were part of a paper filing. The number provided is the submission number associated with the filing.*

Enclosed with this letter are the original policy form filings for the Generation Protector II policy forms in Virginia. The original policy form filings for the Generation Protector are also enclosed with this letter providing the original forms for the 10-R8-VA, 10-R17, 10-R18, and 10-R21 riders.

2. ***According to the General Information in SERFF, a policy endorsement form reflecting the change in the COLA benefits is being filed for approval. Please provide the SERFF tracking number and date of submission.***

The SERFF tracking # is ALLB-128730838. This filing was submitted on November 8, 2012.

3. ***Also indicated in the General Information is the option to elect the reduced paid-up option the attached Premium Increase Contingent Benefit Upon Lapse Rider. Unfortunately, I am unable to locate this document and ask that it be resent. Please provide the form number, SERFF tracking number, and approval date for our records.***

Enclosed with this letter is the form for the Premium Increase Contingent Benefit Upon Lapse Rider. The form number is R95369-VA with SERFF tracking # is ALLB-128978105 and was approved on August 9, 2013.

4. ***The Virginia State Corporation Commission recently adopted revisions to the Rules Governing Long-Term Care Insurance set forth in Chapter 200 of Title 14 of the Virginia Administrative Code. Except as specifically provided in the regulation, the changes are effective September 1, 2015. The Order adopting the revisions to the long term care insurance regulation and all related documents are located on the commissions website at <http://www.scc.virginia.gov/DocketSearch#/caseDetails/132748>.***

As part of the revisions, the commission revised the requirements for policyholder notifications regarding rate increases as stated in 14 VAC5-200-75 D. For compliance with this regulation, please revise the letters to include the following information:

1. ***For compliance with 14VAC5-200-75,***
 - a. ***A 2 requires a statement that should there be future rate increases, options similar to those being offered now will be available. Please also indicate that changes in benefits may be done at any time upon the insureds request***
 - b. ***A 4 requires a statement that the insured has a right to a revised premium rate or rate schedule upon request.***
2. ***A clear explanation of options available to the policyholder as alternatives to paying the increased premium amount, including:***

- a. *An offer to reduce policy benefits provided by the current coverage consistent with the requirements of 14VAC5-200-183;*
 - b. *A disclosure stating that all options available to the policyholder may not be of equal value. Since this is a disclosure, this information should be prominent such as being highlighted, bolded, or in large print.*
 - c. *In the case of a partnership policy, a disclosure that some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections, and, as stated above, should be a prominent statement.*
3. *A clear identification of the driving factors of the premium rate increase. What the company has stated in the letters does not satisfy this requirement and should explain what has changed since the policy was priced originally that has created the need for such a significant increase. In other words, what has impacted the assumptions that were used when the policy was priced? The Bureau of Insurance feels it may be more logical to state the reasons for the increase at the beginning of the letter rather than at the end of the letter.*
 4. *A statement substantially similar to the following:*

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at www.scc.virginia.gov/BOI.

Because the letter must be "filed", please attach the amended letters to the Form Schedule in SERFF in compliance with the requirements of Chapter 100 of Title 14 of the Virginia Administrative Code including a Certification of Compliance. The letter will require a form number as set forth in 14VAC5-100-50.1 and should be submitted on company letterhead for compliance with 14VAC5-100-50.2 requiring the full and proper name of the insurer to prominently appear. Please include a Statement of Variability, if applicable.

5. *The General Information in SERFF stated a notice would be sent 60 days prior to the effective date of the increase. Please be aware that as a result of the revised regulations, a notice of at least 75 days is now required as set forth in 14VAC5-200-75 D.*

Enclosed with this letter are revised policyholder notification letters to comply with the requirements listed above. The letters have been enclosed with this response letter and have been attached to the Form Schedule tab in SERFF. A statement of variability, certification of compliance, and readability certification are also enclosed with this letter as required.

Allianz will notify policyholders at least 75 days prior to the effective date of the rate increase in accordance with 14VAC5-200-75 D.

5. *Please provide a copy of all the enclosure forms noted in the letter. Will the coverage change request form be attached to the policy? If so, please provide the SERFF tracking number and approval date of this form.*

Enclosed with this letter are the following documents which will be provided alongside the policyholder notification letter: Coverage Change Request Form, Benefit Change Endorsement, Premium Increase Contingent Benefit Upon Lapse Rider, and Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

The coverage change request form is not attached to the policy when an insured makes any changes to their policy. Once the completed form is received by the company, the policy changes are processed and a

confirmation letter is provided to the policyholder. The Coverage Change Request Form is currently pending for approval (SERFF tracking # ALLB-128730838).

6. ***It is stated in Section 2 of the Actuarial Memorandum that the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized. Then in Section 16, it is stated that the Company is considering filing at least one additional future rate increase as long as it is actuarially justified. Please reconcile these contradictory statements.***

No future premium rate increases would be anticipated unless experience is more than moderately adverse. Moderately adverse is defined as a 10% increase in future claim cost over the current best estimate assumptions. The actuarial memorandum has been updated to be consistent. Sorry for any confusion this may have caused.

7. ***It is stated in Section 15 of the Actuarial Memorandum that moderately adverse condition is defined as a 5% increase in the lifetime loss ratio above the current best estimates. Then in Section 16, it is stated that moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate. Please reconcile these contradictory statements.***

Moderately adverse condition is defined as a 10% increase in future claim cost over the current best estimate assumptions. The actuarial memorandum has been updated to reflect the 10% moderately adverse condition. Sorry for any confusion this may have caused.

8. ***Some of the values in Exhibit 8, 58/85 Calculations do not appear to come from Exhibits 4 and 6. Please provide the source for these numbers. In addition, the Bureau requires that the projections of future experience with the projected rate increase utilize the same assumptions as the projection with no increase. In other words, the projection of future experience must be done without antiselection or benefit reductions.***

The table below provides the reproduction of where values come from in Exhibit 8. Please note that the value shown in row (H) in the table below is different from the value shown in Exhibit 8 of the actuarial memorandum submitted on October 16, 2015 as it was discovered that the value shown initially did not reflect the correct premium difference. The actuarial memorandum has been updated for this update.

Table 2
Derivation of the 58/85 Calculations in the Actuarial Memorandum

Component	Location	Value
(A) The accumulated value of the initial earned premium is	Exhibit 4; Present Value Historical Earned Premium	292.00
(B) 58% of this value:	= (A) * 58%	169.36
(C) The accumulated value of prior premium rate schedule increases is	No prior increases on this policy form	0.00
(D) 85% of this value:	= (C) * 85%	0.00
(E) The present value of future projected initial earned premiums is	Exhibit 4; Present Value Future Earned Premium	368.50
(F) 58% of this value:	= (E) * 58%	213.73
(G) The present value of future projected earned premium from prior premium rate schedule increases is	No prior increases on this policy form	0.00
(H) PV of future projected EP from 60% increase:	Exhibit 4 & 6; Difference in Present Value Future Earned Premium	141.59
(I) Combined:	= (G) + (H)	141.59
(J) 85% of this value:	= (I) * 85%	120.35
(K) The accumulated value of past incurred claims is	Exhibit 4; Present Value Historical Incurred Claims	14.15
(L) The present value of future projected incurred claims is	Exhibit 4; Present Value Future Incurred Claims * (1 + 10%)	720.75
(M) sum of these 2 values:	= (K) + (L)	734.90
(N) The sum of B, D, F and J is	= (B) + (D) + (F) + (J)	503.44
(O) This amount is less than M	= (M)	734.90

Attachment 1 to this letter provides a revised 58/85 calculation in which the with increase calculations do not reflect any adverse selection or benefit reductions.

9. Please provide actual-to-expected analysis for each of the current assumptions (morbidity, mortality, and lapse).

Enclosed with this letter is a current assumptions document which provides a description of the claim cost study.

Table 3 below provides the results of an actual and expected policy termination study, where the expected level is based on the original pricing lapse and mortality assumption. The experience provided in Table 3 is from the experience group internally referred to as Group 3 which consists of the policy form in this filing, Generation Protector II, and the Generation Protector policy form.

Table 3
A/E Termination Study with Expected based on the Original Pricing Lapse and Mortality Assumption

Duration	Actual Exposure	Actual Termination	Actual Termination Rate	Expected Termination	Expected Termination Rate	A/E Termination Rate
1	10,375	787	7.6%	624	6.0%	126.1%
2	18,605	750	4.0%	826	4.4%	90.8%
3	25,262	733	2.9%	916	3.6%	80.0%
4	30,742	713	2.3%	922	3.0%	77.4%
5	33,874	655	1.9%	975	2.9%	67.2%
6	24,250	476	2.0%	723	3.0%	65.8%
7	12,778	217	1.7%	396	3.1%	54.8%
8	2,082	36	1.7%	67	3.2%	53.7%
Total	157,968	4,367	2.8%	5,449	3.4%	80.1%

Table 4 below provides the company's lapse study results used in the creation of the assumptions of this filing. Our data is not able to differentiate a lapse termination from a death termination thus a total termination value is provided. The current mortality assumption is set at 80% of the 1994 GAM which was derived by projected from 1994 to 2014 with a 1% improvement. This assumption is developed based on feedback from our consultants and is consistent with industry practice. The voluntary lapse values are developed based on actual terminations and the current mortality assumption. The experience provided in Table 4 is *all* of Allianz's individual long-term care experience which is how the assumptions of this filing are set.

Table 4
Expected Death using Current Mortality Assumption (80% of the 1994 GAM)

Duration	Actual Exposure	Actual Termination	Expected Death	Voluntary Lapse	Voluntary Lapse Rate
1	11,030	839	66	773	7.0%
2	19,767	812	132	680	3.4%
3	26,458	776	192	584	2.2%
4	31,467	734	251	483	1.5%
5	34,155	659	316	343	1.0%
6	25,989	517	278	239	0.9%
7	18,445	368	228	140	0.8%
8	11,087	295	151	144	1.3%
9	9,064	253	135	118	1.3%
10+	20,550	696	513	183	0.9%
Total	208,012	5,949	2,260	3,689	1.8%

Attachment 1
58/85 Calculations
Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q

Following the format of Section 20(C)(2) of Model 641 (Long-Term Care Insurance Model Regulation), the "58/85" calculation is as follows (all dollar values in millions):

a)	The accumulated value of the initial earned premium is	292.00
	58% of this value:	169.36
b)	The accumulated value of prior premium rate schedule increases is	0.00
	85% of this value:	0.00
c)	The present value of future projected initial earned premiums is	368.50
	58% of this value:	213.73
d)	The present value of future projected earned premium from prior premium rate schedule increases is	0.00
	PV of future projected EP from 60% increase:	182.28
	Combined:	182.28
	85% of this value:	154.94
e)	The accumulated value of past incurred claims is	14.15
	The present value of future projected incurred claims is	720.75
	sum of these 2 values:	734.90
f)	The sum of a,b,c and d is	538.02
	This amount is less than e)	734.90

*All projected values shown ignore the effects of any reduction of benefits and adverse selection.

Updated 12/3/2015

Morbidity Assumption

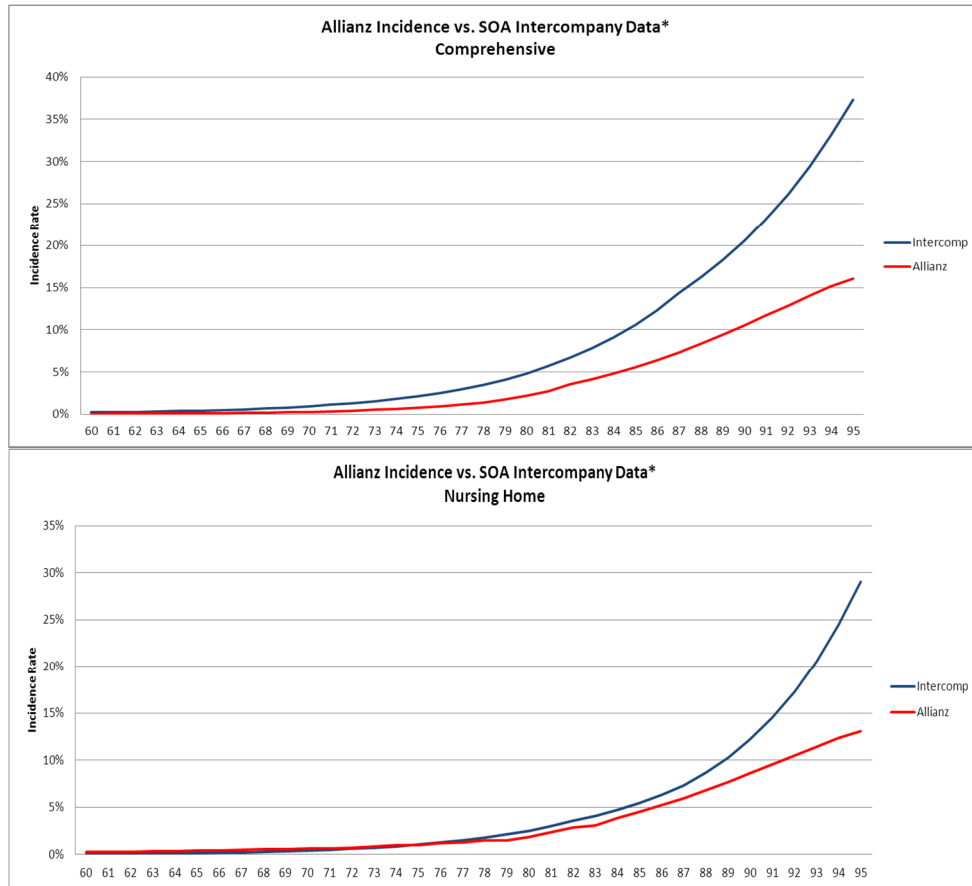
The morbidity assumption was determined upon claim incidence study and claim continuance study performed on actual experience through December 2013. The incidence study reflected 100,000 on claim exposure months and 13,618,000 months of exposure. The claim continuance study reflected over 94,000 claim payment records. The morbidity rates are analyzed by gender, marital status, benefit period, and comprehensive or nursing home only. Other claim cost adjustments are also made to account for benefit increase riders, benefit salvage factors, elimination period, and continuing claim adjustments. These adjustments were made to claim cost based on actual experience data.

Cost Frequency (Claim Incidence Study): Incidence rates are calculated as the claim incidence / (exposure months – on claim exposure months). Incidence rates were computed separately for comprehensive and facility only coverages, gender, and marital status. Adjustments are made to account for benefit period. The ultimate combined claim incidence rate (by attained age) was grouped by gender and marital status and then smoothed using a 5 year rolling average to ensure that the rates are monotonically increasing through increase in attained age. Allianz incidence rates are generally credible between ages 60 up to 85.

For age 59 and below: Overall claim incidence is less than 1 in 1000 per year for these younger ages. These incidence rates are developed by analyzing the increase in incidence from age 60 – 66, which increases 10% per year on average. This data is applied using the following formula. Incidence rate is assumed to decrease 10% a year for each year prior to age 60.

$$q_{59}^{Incidence} = q_{60}^{Incidence} \div 1.1$$
$$\text{Thus; } q_{t-1}^{Incidence} = q_t^{Incidence} \div 1.1; \text{ for } t < 60$$

For age 86 and above: Incidence rates were developed using the SOA 2007 intercompany study, the feedback from our consultant, and our 2012 incidence study. The SOA intercompany data was filtered to reflect our product underwriting, sales method, coverage type, and availability of marital discount. The slope of the SOA study between ages 80 – 100 is analyzed using quadratic regression and this is used to make adjustments to our company's experience; in conjunction with feedback from our consultant, and our previous morbidity study conducted by our consultant in 2012. In general, the final incidence rates are significantly better than the SOA 2007 LTC Intercompany Study.



*SOA data is adjusted to reflect Allianz block of policies. Those adjustments include the available marital discount, individual policy type, independent producer, issue year, and comprehensive coverage.

Cost Severity (Claim Continuance Study): The claims continuance study analyzed continuance by individual vs. joint, comprehensive vs. facility only coverage, male vs. female, and benefit periods > 5 years vs. <= 5 years. These raw continuance rates were computed for 120 months. Cumulative continuance rates were smoothed with industry data (provided by our consultant in 2012) where necessary to achieve credibility using the “square root method”. We used 1000 as the claims threshold for full credibility. The credibility formula is as follows:

$$\sqrt{N/1000} * \text{Company Data} + (1 - \sqrt{\frac{N}{1000}}) * \text{Industry Data}$$

Allianz blended aggregate continuance rate is similar to SOA Intercompany study. The present value of future claim duration using a 4.5% valuation rate is both 23 months for both Allianz and SOA Intercompany. Allianz continuance rate is lower for earlier duration and higher for the later duration because Allianz issue age is generally lower than the industry. This trend can be seen in the SOA study (included below) where younger ages tend to have lower earlier continuance but higher continuance in later duration due to lower mortality rates.

Allianz Continuance Rates are lower than Industry data

Allianz Continuance Rates are higher than Industry data

Month	Allianz	SOA	Allianz vs SOA
1	81%	89%	-8.38%
2	70%	81%	-11.49%
3	64%	76%	-12.10%
4	59%	71%	-12.12%
5	56%	67%	-11.44%
6	53%	64%	-11.28%
7	51%	62%	-10.61%
8	50%	59%	-9.78%
9	48%	57%	-9.03%
10	47%	55%	-8.40%
11	46%	53%	-7.66%
12	45%	51%	-6.71%
13	43%	49%	-5.97%
14	43%	48%	-5.43%
15	42%	47%	-5.00%
16	41%	45%	-4.53%
17	40%	44%	-4.15%
18	39%	43%	-3.59%
19	38%	41%	-3.12%
20	37%	40%	-2.57%
21	37%	39%	-2.13%
22	36%	38%	-1.76%
23	35%	36%	-1.47%
24	34%	35%	-1.02%
25	33%	34%	-0.36%
26	33%	33%	0.05%
27	32%	32%	0.41%
28	32%	31%	0.81%
29	31%	30%	1.10%
30	30%	29%	1.35%
31	30%	28%	1.60%
32	29%	27%	1.84%
33	28%	26%	2.07%
34	28%	25%	2.29%
35	27%	25%	2.45%
36	26%	24%	2.71%
37	26%	23%	3.19%
38	25%	22%	3.54%
39	25%	21%	3.88%
40	25%	20%	4.62%

41	24%	19%	4.93%
42	24%	19%	5.14%
43	23%	18%	5.38%
44	23%	17%	5.55%
45	22%	17%	5.69%
46	22%	16%	5.85%
47	22%	16%	6.03%
48	21%	15%	6.26%
49	21%	14%	6.48%
50	21%	14%	6.59%
51	20%	14%	6.68%
52	20%	13%	6.90%
53	19%	12%	7.04%
54	19%	12%	7.08%
55	19%	12%	7.14%
56	19%	11%	7.23%
57	18%	11%	7.29%
58	18%	11%	7.37%
59	18%	10%	7.40%
60	17%	10%	7.42%

Data from the SOA Intercompany Study:

Duration (Months)	Incurral Age Group				
	55-64	65-74	75-84	85-89	90+
1	88.09	86.55	88.69	91.29	91.43
2	79.55	77.72	81.29	84.75	84.22
3	72.83	71.85	76.15	80.00	78.59
4	67.73	67.26	71.76	75.71	73.69
6	59.73	60.54	65.44	69.13	66.13
12	45.82	48.28	52.25	54.18	48.89
24	34.12	34.55	36.28	34.98	28.59
36	26.77	25.23	24.69	21.70	14.52
48	19.81	17.47	15.72	12.15	6.91
60	15.05	12.22	10.30	7.42	3.80

Sample claim cost calculation:

A	B	C	D	E	F	G = B x D x E x F
Attained Age	Incidence Rates	Continuance Rates	Salvage Adj.	Continuous Claim Adj.	Disabled Life Reserve	Claim Cost
75	1.58%	See Below for Detail	75%	0.983744	1,184	13.82
76	1.77%		75%	0.980111		
77	1.96%		75%	0.975098		
78	2.30%		75%	0.968803		
79	2.93%		75%	0.961336		
80	3.52%		75%	0.957325		
81	4.35%		75%	0.950282		
82	5.37%		75%	0.942083		
83	6.12%		75%	0.932536		
84	6.59%		75%	0.923967		
85	7.59%		75%	0.914308		

The Disabled Life Reserve is calculated:

The monthly basis formula we use for PV of expected claim payment after all adj. is the following:

$$\sum_{i=1}^{180} ((CR_i * C_1 + (CR_i - CR_{i-1}) * C_2) * D_i * C_3)$$

, where CR = Continuance rate

C₁ = Claim payment

= Min (30 days * daily benefit, remaining claim pool) * salvage adj_(i)

C₂ = Min (daily benefit amount * days in a month * salvage adj_(t=0) / 2, C₁)

C₃ = Continuance claim adjustment

D_i = (1 / (1 + discount factor))^(i / 12)

Discount factor = ((1 + 4.5% Valuation Rate) / (1 + COLA)) – 1

Notes:

- It is assumed that the cost of care increase 5% per year starting from the issue date. Salvage adj_(t=0) is 0.75 at issue for comprehensive, 0.9 for Nursing Home, and 1 for indemnity. The subsequent salvage factors are calculated by Min(1.05^t / COLA Increase * Salvage Adj_(t=0), 1). 5% compound COLA gets a constant 0.75 salvage factor.
- An attained Age incidence rate varies for gender, marital status, age, and also Comprehensive or Nursing Home.
- Claim Incidence is adjusted for benefit period. Lifetime Benefit period is 1.15 X base, while non-lifetime is 0.85 X base.
- Continuous Claim Adjustments remove those who are already on claim from the exposure pool.
- Discount factor discounts the future claim payment to incurred date using a 4.5% valuation rate, but also increase the future claim cost due to COLA increases during the claim period.

Actual to Expected Loss Ratio

Actual to expected ratio is over 100% largely because the original adjusted claim cost in earlier policy duration is lower than our experience. Current best estimate claim cost is slightly better than the ultimate claim cost (w/o UW selection factor) assumed in original pricing up to age 80, but then deteriorates afterwards. Allianz is seeing an increase in actual to expected loss ratio as our policyholders age. Please see the next section for a detailed explanation of the assumption changes from the earliest policies priced in the early 1990s to the 2003 Generation Protector product.

Actual to expected loss ratio:

Year	Earned Premium*	Incurred Claims*	Loss ratio	Expected Earned Prem	Expected Incurred Claims	Expected Loss Ratio	A/E Ratio
2003	885,277	0	0%	885,277	14,888	2%	0%
2004	16,766,116	428,467	3%	16,763,703	290,951	2%	147%
2005	39,755,486	1,306,365	3%	39,543,028	846,689	2%	153%
2006	62,164,342	4,278,173	7%	61,478,119	1,652,080	3%	256%
2007	71,302,322	4,267,442	6%	69,769,133	2,542,852	4%	164%
2008	71,830,635	7,030,633	10%	69,364,694	3,534,313	5%	192%
2009	70,268,662	7,250,441	10%	67,256,151	4,710,088	7%	147%
2010	68,537,409	8,556,181	12%	64,917,996	6,065,504	9%	134%
2011	67,078,462	9,452,457	14%	62,559,862	7,536,697	12%	117%
2012	65,957,083	14,947,980	23%	60,189,060	9,090,609	15%	150%
2013	64,743,967	18,446,432	28%	57,806,002	10,703,769	19%	154%

Assumptions changes from the earliest policies priced in the early 1990s to the 2003 Generation Protector

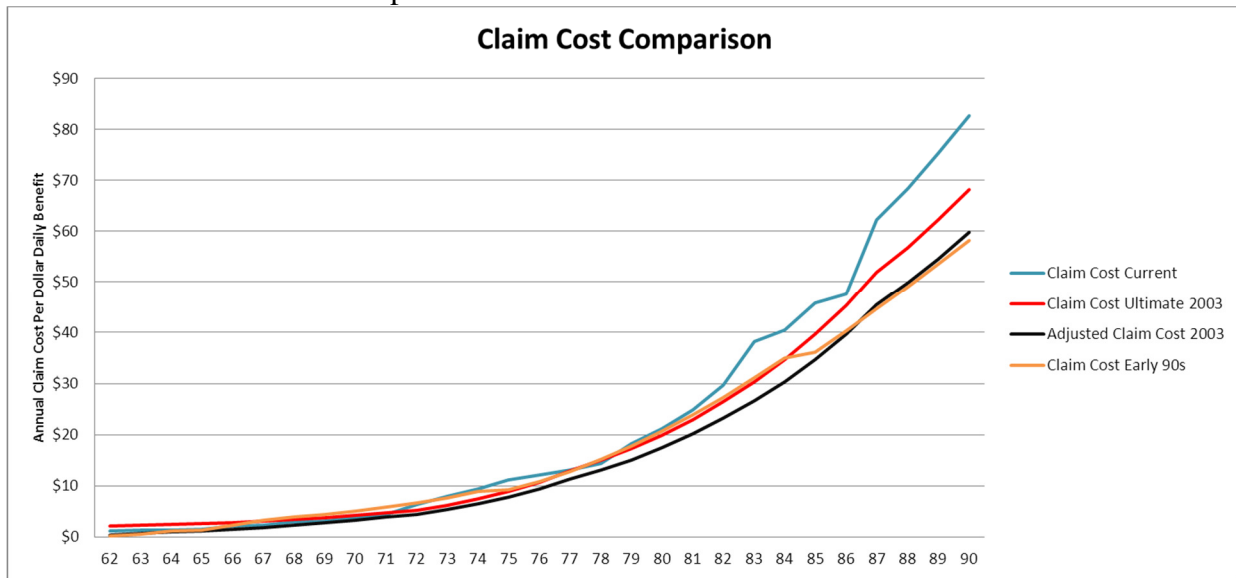
Allianz first LTC product was sold in the early 90s, there were limited LTC experience data at the time especially regarding morbidity, one of the most comprehensive studies available to the industry and Allianz is the National Nursing Home Survey (NNHS) data. Allianz, with the help of reinsurance and consultants made adjustments to the morbidity data to account for underwriting along with product design.

For our Generation Protector Product priced in the early 2000s, Morbidity and claim costs were provided by Milliman based on their internal long term care guidelines. These guidelines have been developed by several Milliman offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgment.

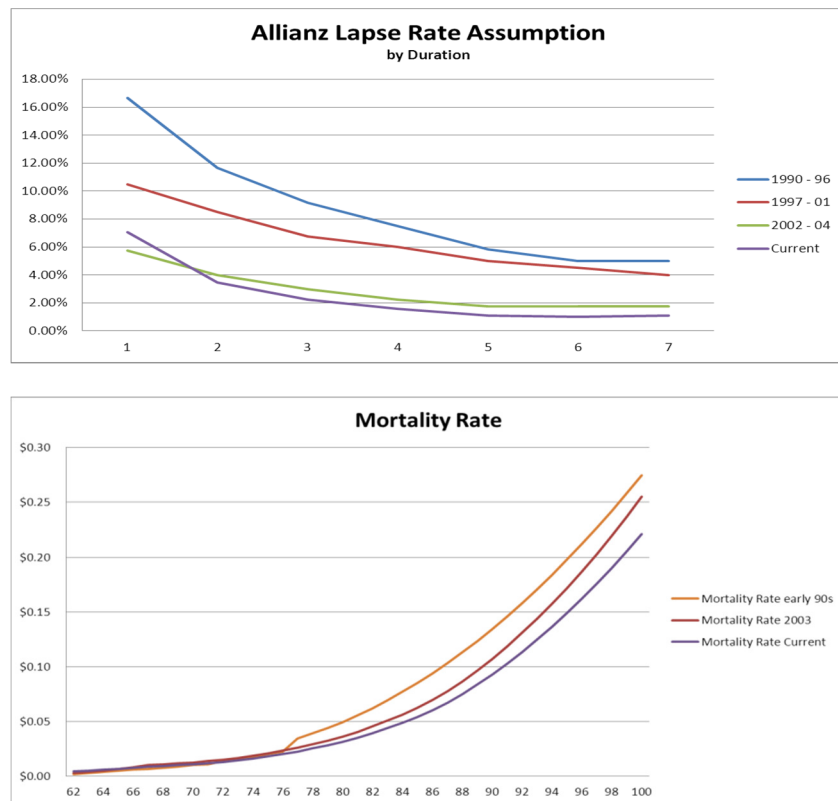
Claim costs are adjusted to reflect:

- Underwriting and issue criteria
- Continuing Claim Adjustment (Reduced exposure for insureds already in the nursing home)
- Waiver of premium benefits
- Salvage
- Morbidity Improvement

- Other additional and optional benefits



Lapses and mortality was also updated with company and industry experience:



Onbase Topsheet

date to AA Team. 8/15/2004

Prepared by Tammy Smasal
Date of Announcement 08/04/2006

Scanned by
Date scanned
Date QR'd

Line of Business Long Term Care
Product Name Generation Protector II/Select
Product Name
State (2 letters) VA

Check Filed Forms	Form Numbers	State Specific
<input checked="" type="checkbox"/>	11-P-Q	-VA
<input checked="" type="checkbox"/>	11-PS-Q	
<input checked="" type="checkbox"/>	11-OC-Q-FULL	-VA
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<input checked="" type="checkbox"/>	11-ILL-SEL	

☐ PAPER FILING

☒ SERFF FILING

ITEMS IN FILING

<input checked="" type="checkbox"/>	Actual Memorandum
<input checked="" type="checkbox"/>	Statement of Variability
<input checked="" type="checkbox"/>	Emails
<input type="checkbox"/>	Check copy
<input type="checkbox"/>	EFT request
<input checked="" type="checkbox"/>	Confidential Approval
<input checked="" type="checkbox"/>	Variations Document

Comments

No filing fee required



Tammy Smasal/allianzlife

08/04/2006 09 00 AM

To Barb Quello/allianzlife@AZLIFE

Jason Linn/allianzlife@AZLIFE, Rose

Tibke/allianzlife@AZLIFE, Jason

Gerhardt/allianzlife@AZLIFE, Jill Reeck/allianzlife@AZLIFE,

Patncia Evans/allianzlife@AZLIFE

bcc

Subject Confidential Approval Announcement - Virginia - GenPro
II/Select



VA Confidential Approval.xls

Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance

Confidential Announcement

dl y
8/2/00

Product Name	Generation Protector II/Select
Project Name	

Attachment below

State	Virginia	
Policy Shell	11-P-Q-VA	yes
Policy Schedule page	Genenc (11-PS-Q)	
Approval Date	7/26/2006	
Variations	yes	yes

Application Packet

Applications (GenPro II)	11-A-FULL-VA, 11-A-SIMP-VA	yes
Applications (GenPro Select)	11-A-SEL-FULL-VA, 11-A-SEL-SIMP-VA	yes
Outlines of Coverage (GenPro II)	11-OC-Q-FULL-VA, 11-OC-Q-SIMP-VA	yes
Outlines of Coverage (GenPro Select)	11-OC-Q-SEL-FULL-VA, 11-OC-Q-SEL-SIMP-VA	yes
Personal Worksheet	WS1	
Potential Rate Increase Disclosure	Genenc (PRD)	
Notice of Disclosure	Genenc (0-C4)	
Things You Should Know	Genenc (0-C5)	
Important Notice	Genenc (0-C6)	
Conditional Premium Receipt	Genenc (CPR)	
Replacement Form	Genenc (RPL)	
HIPAA Health Information	Genenc (NB3046-WS)	
Add'l State Specific App Packet Forms	None	

Advertising

Consumer Brochure (GenPro II)	11-CB
Consumer Product Guide (GenPro II)	11-CPG
Consumer Brochure (GenPro Select)	11-CB-SEL
Consumer Brochure (Employer-Simp U/W)	11-CB-EMP
Consumer Brochure (Genenc)	0-SCB3
Consumer Advertisement (Genenc)	0-M91
Illustration (GenPro II)	Genenc (11-ILL)
Illustration (GenPro Select)	Genenc (11-ILL-SEL)











Riders and Endorsements

All Genenc

Rates

Genenc

Attachments

 VA guide doc	 11-P-Q-VA doc	 11-A-FULL-VA pdf	 11 A SIMP-VA pdf	 11-A-SEL-FULL-VA pdf	 11-A-SEL-SIMP-VA pdf
 11-OC-Q-FULL-VA compare doc	 11-OC Q-SIMP-VA compare doc	 11-OC-Q-SEL-FULL-VA compare doc	 11-OC-Q-SEL-SIMP-VA compare doc		



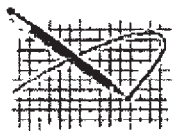
Kathy Ignagni/allianzlife
08/01/2006 03:58 PM

To: Tammy Smasal/allianzlife@AZLIFE
cc: Brandi Dries/allianzlife@AZLIFE
bcc:
Subject: Re: VA GenPro II/Select

Neither rates nor commissions are state specific

Kathy Ignagni, ASA, MAAA
Assistant Actuary | Allianz Life
763 765 6297
800 328 5600x36297

Tammy Smasal/allianzlife



Tammy Smasal/allianzlife
08/01/2006 03:14 PM

To: Kathy Ignagni/allianzlife@AZLIFE, Brandi
Dries/allianzlife@AZLIFE
cc:
Subject: VA GenPro II/Select

I just received an approval on VA GenPro II/Select and am preparing the confidential approval. Does VA have state-specific rates or commissions? Let me know. Thanks,
Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance

Long Term Care Insurance

VIRGINIA

Generation Protector II/Select

REQUIREMENTS FOR VIRGINIA

Policy Assembly

- Guaranty Association Notice NB2199 (Rev 01/01) must be included in policy assembly
- Complaint Notice NB3020N must be included in policy assembly

Policy

- The tax-qualified statement on the face page was revised to read as follows "This Contract is intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor."
- The "Check Your Application" provision on the face page was revised to add the following language "This Contract may not apply when you have a claim! Please Read!"
- All references to "Adult Day Services" were replaced with "Adult Day Care Services."
- The "Eligible Facility Care Expenses" provision under the Facility Care Benefit section was revised to add the following paragraph "In addition to the information described in the Claim Procedures section of this Contract, Nursing Facilities and/or Assisted Living Facilities must also provide the following items:
 - (a) Proof of Nursing Facility or Assisted Living Facility licensure, certification, or accreditation if required under state law, and
 - (b) Copies of invoices or statements that document dates of confinement and charges."
- As a result of the above added paragraph, the "Proof of Loss for Facility Care Benefits" provision under the Facility Care Benefit section was deleted.
- The "Eligible Home and Community Care Expenses" provision under the Home and Community Care Benefit section was revised to add the following paragraph "In addition to the information described in the Claim Procedures section of this Contract, Home and Community Care providers must also provide the following items:
 - (a) Proof of Home and Community Care provider's licensure, certification, or accreditation, if required under state law,
 - (b) Copies of invoices or statements that document dates of service and hours of care each day,
 - (c) Copies of daily notes or nursing flow sheets, and

With respect to independent providers who are employed by you, we must also receive copies of your cancelled checks for payment of caregiver services."

- As a result of the above added paragraph, the "Proof of Loss for Home and Community Care Benefits" provision under the Home and Community Care Benefit section was deleted.
- The "Claim Form" provision under the Claim Procedures section was revised to state that "you may file the Proof of Loss without our Claim Form by sending us a letter which described the nature and extent of your loss" rather than "the character and extent of your Chronic Illness." In addition, the items with respect to what the letter should include were deleted.
- The "Proof of Loss" provision under the Claim Procedures section was revised to delete that the Proof of Loss should include "any applicable statements and bills for covered care services which include the date, nature, and charges for all services." In addition, this provision was revised to state that "Proof of Loss must be given to us no later than one year from the time specified" rather than "one year from the date

Proof of Loss would have otherwise been required ” Lastly, to verify that the insured is eligible to receive benefit payments, we may only also require a physician’s statement and/or copies of relevant medical records Language with respect to “personal interviews” and “any other proof we may deem necessary” was deleted

- The “Continued Proof of Loss” provision under the Claim Procedures section was revised to state that “Continued Proof of Loss must be given to us no later than one year from the time specified” rather than “one year from the date Continued Proof of Loss would have otherwise been required ” In addition, at our expense, we may only also require a physician’s statement and/or copies of relevant medical records Language with respect to “personal interviews” and “any other proof we may deem necessary” was deleted
- The “Claim Appeal Procedure” provision under the Claim Procedures section was revised to add that the written request should be sent to us at the address shown on the first page of the policy
- The following “Payor of Last Resort” provision was added under the Claim Procedures section “The Department of Medical Assistance will be the Payor of Last Resort ”
- The “Return of Unearned Premium” provision under the General Policy Provisions section was split into two provisions titled “Return of Unearned Premium Upon Cancellation or Termination” and “Return of Unearned Premium Upon Death ”

The “Return of Unearned Premium Upon Cancellation or Termination” provision reads as follows “Upon Cancellation or Termination, we will return to you any unearned premium for this Contract within 30 days of the effective date of such Cancellation or Termination The effective date of the Cancellation is the later of

- (a) the date we receive your written request to Cancel this Contract in our home office, or
- (b) a later date specified in your written request to Cancel this Contract

The earned premium will be computed on a pro rata basis ”

The “Return of Unearned Premium Upon Death” provision reads as follows “Upon your death, we will return any unearned premium for this Contract to your Beneficiary within 30 days of receipt of proof of your death The earned premium will be computed on a pro rata basis ”

- The “Immediate Family Member” definition under the Glossary section was revised to delete “common law marriage” and “civil union ”

Policy Schedule

Generic

Riders/Endorsements

Generic

Applications

All applications

- Question #1 under Section 3 Other insurance information was split into the following two questions
 - 1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)? If ‘Yes,’ list details below ”
 - 2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS? If ‘Yes,’ list details below ”
- Question #4 under Section 3 Other insurance information was revised to add the following “If ‘Yes,’ what was the reason for the declination?”
- The “Agent must list” paragraph under Section 3 Other insurance information was moved to the Agent’s statement
- Section 11 Your agreement and acknowledgement was revised to add the following after the “Caution” provision “The undersigned proposed insured(s) and agent certify that the proposed insured(s) has/have read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in loss of coverage under the policy ”

11-A-FULL-VA

- The "Ten Year Premium Payment Rider" option under Section 4 was revised to delete the following limitation "not available if over age 55 "
- The "Paid Up at Age 65 Rider" option under Section 4 was revised to replace "age 55" with "age 54 "
- The "Home and Community Care Monthly Benefit" option under Section 4 was revised to add a diamond in order to indicate that it is not available with the 100% Indemnity Benefit Option

Outlines of Coverage

All outlines

- The tax-qualified statement was moved above the "Caution" provision and was revised to read as follows
"THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor "
- The "Caution" provision on the face page was revised to add the following language "The Contract may not apply when you have a claim! Please Read!"
- The "Terms Under Which the Contract May Be Continued In Force or Discontinued," "Waiver of Premium Benefit," "Grace Period," and "Terms Under Which the Company May Change Premiums" provision were moved after the "Relationship of Cost of Care and Benefits" provision
- The "Terms Under Which the Contract May Be Returned and Premium Refunded" provision was revised to read as follows "If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid If the Contract is Cancelled by you or Terminated by us after 30 days, we will return to you any unearned premium for the Contract within 30 days of the effective date of such Cancellation or Termination The effective date of the Cancellation is the date we receive your written Cancellation request or a later date specified in your written Cancellation request, whichever is later Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, within 30 days of receipt of proof of your death "
- All references to "Adult Day Services" were replaced with "Adult Day Care Services "
- The following "Counseling and Assistance" provision was added under the Additional Features section
"The Virginia Insurance Counseling and Assistance Program is available at Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline 800/552-3402 "

Advertisements

Generic

FORMS APPROVED

Form #	Description of Form	Approval Date
11-P-Q-VA	TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY	07/26/2006
11-PS-Q	POLICY SCHEDULE	07/26/2006
11-OC-Q-FULL-VA	OUTLINE OF COVERAGE FOR LTC ₁ POLICY (GENPRO II)	07/26/2006
11-OC-Q-SIMP-VA	OUTLINE OF COVERAGE FOR LTC ₁ POLICY (GENPRO II)	07/26/2006
11-OC-Q-SEL-FULL-VA	OUTLINE OF COVERAGE FOR LTC ₁ POLICY (GENPRO SELECT)	07/26/2006
11-OC-Q-SEL-SIMP-VA	OUTLINE OF COVERAGE FOR LTC ₁ POLICY (GENPRO SELECT)	07/26/2006
11-A-FULL-VA	APPLICATION FOR GENPRO II LTC ₁	07/26/2006
11-A-SIMP-VA	APPLICATION FOR GENPRO II LTC ₁	07/26/2006
11-A-SEL-FULL-VA	APPLICATION FOR GENPRO SELECT LTC ₁	07/26/2006
11-A-SEL-SIMP-VA	APPLICATION FOR GENPRO SELECT LTC ₁	07/26/2006
11-R1	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	07/26/2006
11-R2	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	07/26/2006
11-R3	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	07/26/2006
11-R4	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	07/26/2006
11-R5	SIMPLE BENEFIT INCREASE RIDER	07/26/2006
11-R6	PAID UP AT AGE 65 RIDER	07/26/2006
11-R7	TEN-YEAR PREMIUM PAYMENT RIDER	07/26/2006
11-R8	WAIVER OF HOME & COMMUNITY CARE ELIMINATION PERIOD RIDER	07/26/2006
11-R9	COVERAGE ENHANCEMENT RIDER (FULL UNDERWRITING)	07/26/2006
11-R10	FULL INDEMNITY BENEFIT RIDER	07/26/2006
11-R11	SPOUSAL SHARED CARE RIDER	07/26/2006
11-R12	SPOUSAL WAIVER OF PREMIUM RIDER	07/26/2006
11-R13	HOUSEHOLD DISCOUNT RIDER	07/26/2006
11-R14	CONTINGENT BENEFIT UPON LAPSE RIDER	07/26/2006
11-R15	INTERNATIONAL COVERAGE BENEFIT RIDER	07/26/2006
11-R16	COVERAGE ENHANCEMENT RIDER (SIMPLIFIED UNDERWRITING)	07/26/2006
11-E-1	FACILITY CARE ONLY POLICY ENDORSEMENT	07/26/2006
10-R8-VA	SHORTENED BENEFIT RIDER	10/22/2003
10-R17	MARRIED DISCOUNT RIDER	10/22/2003
10-R18	SPOUSAL DISCOUNT RIDER	10/22/2003
10-R21	SPOUSAL SURVIVORSHIP RIDER	10/22/2003
11-CB	CONSUMER BROCHURE (GENPRO II)	04/26/2006
11-CPG	CONSUMER PRODUCT GUIDE (GENPRO II)	04/26/2006
11-CB-SEL	CONSUMER BROCHURE (GENPRO SELECT)	04/26/2006
11-CB-EMP	CONSUMER BROCHURE (SIMPLIFIED UNDERWRITING)	04/26/2006
0-SCB3	CONSUMER BROCHURE (GENERIC)	04/26/2006
0-M91	CONSUMER ADVERTISEMENT (GENERIC)	04/26/2006
11-ILL	ILLUSTRATION (GENPRO II)	04/26/2006
11-ILL-SEL	ILLUSTRATION (GENPRO SELECT)	04/26/2006

Transmittal Header

SERT-6L7NDC243/00-00/00-00/00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance
 Company
 publicAccess
 No value

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Filing Information:

Filing Action	Initial	Filing Date	01/19/2006
State	Virginia	State Instance	None
		Identifier	
State Domain	None	Filing Type	Form/Endorsement/Application/Rate
Type of	LTC03I Individual	Sub TOI	LTC03I 00I Qualified
Insurance	Long Term Care		
Product Name	Generation Protector		
	II (11-P-Q)		
Implementation	None	Effective Date	None
Date Requested		Requested	
Project Name	Generation Protector	Project #	11-P-Q
	II		
Fee Required	No	Fee Amount	
Reference	No	Reference Org	None
Filing			
Reference #	None	Advisory Org	None
		Circular #	

Components sent originally with filing

SERT-6L7NDC243/00-01/00-00/00
 SERT-6L7NDC243/00-02/00-00/00
 SERT- 6L7NDC243/00-03/00-00/00
 SERT-6L7NDC243/00-04/00-00/00
 SERT-6L7NDC243/00-0 5/00-00/00
 SERT-6L7NDC243/00-06/00-00/00
 SERT-6L7NDC243/00-07/00-00/00
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 SERT-6L7NDC243/00-14/00-00/00
 SERT-6L7N DC243/00-15/00-00/00
 SERT-6L7NDC243/00-16/00-00/00
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 SERT-6L7NDC243/00-18/00-00/00
 SERT-6L7NDC243/00-19/00-00/00
 SERT-6L7NDC243/00-20/00-00/00
 SERT-6L7NDC243/00-21/00-00/00

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Filing Company Info	Contact Info
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Transmittal Header SERT-6L7NDC243/00-00/00-00/00

Allianz Life Insurance Company of North America 5701 Golden Hills Drive, Minneapolis, MN 55416-1297 USA Phone 800 328 5601 FAX 763 582 6495 CoCode: 90611 Group Code 000 FEIN: 41-1366075 State of Domicile Minnesota State ID Number None	Tammy Smasal Senior Compliance Analyst Allianz Life Insurance Company of North America 5701 Golden Hills Drive, Minneapolis, MN 55416-1297 USA Phone: 800-328-5601 x32804 FAX: 763-582-6495 Email: tammy_smasal@allianzlife.com
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Submission Requirements:

Status	Requirement
Bypassed	LH Certification of Compliance
Bypassed	LHForms Listing
Satisfied	LHPolicy Forms
Satisfied	LH Application
Bypassed	LHRate Listing
Satisfied	LHActuarial Memorandum
Satisfied	LHReadability - Health

Tracking Information:

Company Tracking #	None	State Tracking #	7/26102
Company Status	None	State Status	Approved
Date Company Status Changed	None	Date State Status Changed	None
SERFF Tracking #	SERT-6L7NDC243/00	Delivery Date	01/19/2006 04 16 31 PM
SERFF Status	Closed - Approved	Disposition Date	07/26/2006
Date SERFF Status Changed	07/26/2006	Implementation Date	None
Deemer Date	02/19/2006	Effective Date	None
Reviewers	Mary Ann Mason, Bob Grissom, [Receiver]		

Additional State Tracking Numbers

Allianz Life Insurance Company of North America 7/26102

State-Specific Fields:

NAIC Number*	90611	Company Name*	Allianz Life Insurance Company of North America
Line of Authority*	Health	Line of Insurance	Long Term Care
Lead Form Number	11-P-Q-VA	PCNew Policy Effective Date	N/A
PCPolicy Renewal Date	N/A	Filer's Name	Tammy Smasal
Filer's Phone Number	800-328-5601 X32804	Was Checklist Used? Yes/No	Yes

Filing Description: None

File Attachments: None

Problem Report

Report Type Problem Report

Filing Originally Sent 01/19/2006 03 57 53 PM

Created by Mary Ann Mason on 02/13/2006

Sent 02/13/2006 12 26 37 PM

State Virginia
SERFF Tracking No SERT-6L7NDC243/00-00/00-01/00

Response To TransmittalHeader
Response To SERT-6L7NDC243/00-00/00-00/00
SERFF Tracking No

Lead Company Allianz Life Insurance
Company of North America
Product Name Generation Protector II
(11-P-Q)

Company Allianz Life Insurance
Company of North America
Project Name Generation Protector II

Filing Date 01/19/2006 03 57 53 PM

Project No 11-P-Q

State Tracking No 7/26102

Company Tracking No None

TOI LTC03I Individual Long
Term Care

Sub TOI LTC03I 001 Qualified

Report Status Incomplete Filing

SERFF Status None

Reviewer Phone No None

Status Effective Date 02/13/2006

Report Information: Problem Report

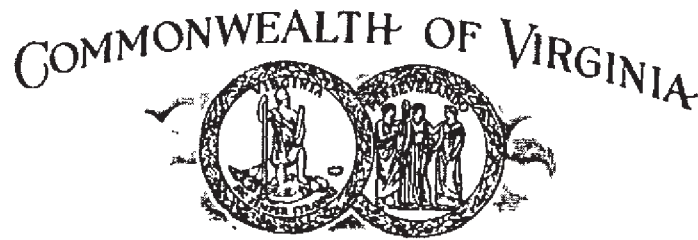
No problem descriptions

Applies to CH 01/00 — LHCertification of Compliance
Components CH 02/00 — LHForms Listing
CH 03/00 — LHPolicy Forms
CH 04/00 — LH Application
CH 05/00 — LHRate Listing
CH 06/00 — LHActuarial Memorandum
CH 07/00 — LHReadability - Health
CH 08/00 — Uniform Transmittal Document
CH 09/00 — Cover Letter
CH 10/00 — 3% Lifetime Compound Benefit I
CH 11/00 — Paid Up at Age 65 Rider, et al
CH 12/00 — Waiver of HCC Elimination Pen
CH 13/00 — Coverage Enhancement Rider
CH 14/00 — Full Indemnity Benefit Rider
CH 15/00 — Spousal Shared Care Rider, et
CH 16/00 — Contingent Benefit Upon Lapse
CH 17/00 — International Coverage Benefit
CH 18/00 — Facility Care Only Policy Endo
CH 19/00 — Outlines of Coverage
CH 20/00 — Statement of Variability
CH 21/00 — Personal Worksheet & Potential
Comments Please see attachment for status

Thanks

File Attachments: 7 26102 ltc policy and riders doc

ALFRED W GROSS
COMMISSIONER OF INSURANCE



P O BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE (804) 371-9741
TDD/VOICE (804) 371-9206
[http //www state va us/ecc](http://www.state.va.us/ecc)

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

February 13, 2006

VIA SERFF
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
1750 HENNEPIN AVENUE
MINNEAPOLIS, MN 55403
Attn TAMMY SMASAL
COMPLIANCE ANALYST

RE YOUR SUBMISSION DATED JANUARY 19, 2006
SERT-6L7NDC243/00-00/00-00/00
Submission No 007 0000026102
Form No 11-P-Q-VA, et al

Dear Ms Smasal

The above submission, received in this office on 01/19/06, is DISAPPROVED and may not be used in the Commonwealth of Virginia

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below All references to Section 38 2 apply to the Code of Virginia

Please include the definition of "adult day care" that is expressed in 14 VAC 5-200-50

All provisions that require the individual to submit proof of licensure, certification or accreditation of a facility must be removed The individual is only responsible for submitting written proof of loss under Section 38 2-3503 7

The claim form provision (as well as the first paragraph in the proof of loss provision) is more restrictive than Section 38 2-3503 6 by requesting items other than a written statement as to the nature and extent of the loss

In the proof of loss and continued proof of loss provisions, the ending statement should be based on " no later than one year from the time specified" as in Section 38 2-3503 7 Also, proof of loss should be limited to "written proof of loss" and not personal interviews, assessments and any other proof you deem necessary

Please include in the claim appeal procedure provision the location at which to send appeals or grievances

The return of unearned premium upon cancellation or termination provision is not presented for compliance with Section 38 2-5202 1

Common law marriage and civil unions are not defined in Virginia and the references should be removed.

The application does not include the certification by the agent and applicant that is required and expressed in Section 38 2-3402

In the application, the questions directed to the applicant must be separate and complete Please present the questions in accordance with 14 VAC 5-200-110 A 1 and 2

The question in the application with respect to a previous declination by another company must be accompanied by a request for the reasons for the previous adverse underwriting decision, as required in Section 38 2-611

The certification of compliance is not prepared for conformity with 14 VAC 5-100-40 3

The long term care insurance personal worksheet is reviewed for approval but the potential rate increase disclosure is not required to be filed or approved Please show the worksheet in a separate component

Matters regarding the rate filing will be addressed under separate correspondence by Mr Robert Grissom

Should you need clarification of any of the information contained in this letter, please contact the undersigned Thank you for your courtesy and consideration in this matter

Yours Truly,

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No (804) 371-9348

Disposition Report

Report Type Disposition Report

Filing Originally Sent 01/19/2006 03 57 53
PM

Created by Mary Ann Mason on 07/26/2006

Sent 07/26/2006 07 05 17 AM

State Virginia
SERFF Tracking SERT-6L7NDC243/00-00/00-02/00
NoResponse To TransmittalHeader
Response To SERT-6L7NDC243/00-00/00-00/00
SERFF Tracking
NoLead Company Allianz Life Insurance
Company of North America
Product Name Generation Protector II
(11-P-Q)
Filing Date 01/19/2006 03 57 53 PMCompany Allianz Life Insurance
Company of North America
Project Name Generation Protector II
Project No 11-P-QState Tracking No 7/26102
TOI LTC03I Individual Long
Term Care
Disposition Approved
Reviewer Phone No NoneCompany Tracking None
No
Sub TOI LTC03I 001 Qualified
SERFF Status None

No disposition descriptions

Disposition Approved
Disposition Date 07/26/2006
Effective Date None
Type
Effective Date None
Implementation None
Date
Deemer Date 02/19/2006
Comments Forms and rates are approved for use in Virginia as of 7/26/06

Thanks

Applies to ComponentsCH 01/00 — LHCertification of Compliance
CH 02/00 — LH Forms Listing
CH 03/00 — LHPolicy Forms
CH 04/00 — LH Application
CH 05/00 — LHRate Listing
CH 06/00 — LHActuarial Memorandum
CH 06/01 — LHActuarial Memorandum
CH 07/00 — LH Readability -- Health
CH 08/00 — Uniform Transmittal Document
CH 09/00 — Cover Letter
CH 10/00 — 3% Lifetime Compound Benefit I
CH 11/00 — Paid Up at Age 65 Rider, et al
CH 12/00 — Waiver of HCC Elimination Pen
CH 13/00 — Coverage Enhancement Rider
CH 14/00 — Full Indemnity Benefit Rider
CH 15/00 — Spousal Shared Care Rider, et
CH 16/00 — Contingent Benefit Upon Lapse
CH 17/00 — International Coverage Benefit

Disposition Report SERT-6L7NDC243/00-00/00-02/00

CH 18/00 — Facility Care Only Policy Endo
CH 19/00 — Outlines of Coverage
CH 20/00 — Statement of Variability
CH 21/00 — Personal Worksheet & Potential
CH 22/00 —
CH 23/00 —
CH 23/01 —
CH 24/00 —
CH 24/00 —
CH 25/00 —
CH 26/00 —
CH 27/00 —
CH 28/00 —
CH 29/00 —
CH 29/01 —
CH 30/00 — Addendum to Actuarial Memorandum

File Attachments: None

Component Header

Component 01 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-01/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Received & Acknowledged	Delivery Date	01/19/2006 04:16:31 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	Bypassed		
Reason	N/A Uniform Transmittal Document attached under CH08		

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	None	Company Form Number	None
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	LHCertification of Compliance		
Brief Description	None		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments None

Component Header

Component 02 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-02/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 32 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	Bypassed		
Status			
Reason	N/A Uniform Transmittal Document attached under CH08		

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	None	Company Form Number	None
Readability Score	see cert	Replaces Form Number	N/A
Requirement	LHForms Listing		
Satisfied			
Brief Description	None		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: None

Component Header

Component 03 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-03/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Disapproved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04 16 32 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement	None	Primary Reviewer	None
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Tax-Qualified LTCi Policy	Company Form Number	11-P-Q-VA
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	LHPolicy Forms		
Brief Description	Tax-Qualified LTCi Policy		
Filer's Notes	Also attached is form 11-PS-Q, the policy schedule		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-P-Q-VA pdf, 11-PS-Q pdf

Component Header

Component 04 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State Virginia
 State Tracking # 7/26102
 Component Status Disapproved
 (State)
 Disposition Date None
 Implementation Date None
 Deemer Date None
 Effective Date None
 Requirement Status None

SERFF Tracking # SERT-6L7NDC243/00-04/00-00/00
 Component Status Assigned to Reviewer
 (SERFF)
 Delivery Date 01/19/2006 04 16 34 PM
 Reviewer Mary Ann Mason, Bob Grissom,
 [Receiver]
 Reviewer Phone None
 Reviewer Fax None
 Primary Reviewer None

Component Information:

Component Type Form
 Lead Form Number 11-P-Q-VA
 Form Title Application for LTCI
 Readability Score see cert
 Requirement Satisfied LHAApplication
 Brief Description Application for LTCI
 Filer's Notes None
 Document(s) None

Component Action Initial
 State Specific Code None
 Company Form Number 11-A-FULL, et al
 Replaces Form Number N/A

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-A-FULL pdf, 11-A-SIMP (rev) pdf, 11-A-SEL-FULL (rev) pdf,
 11-A-SEL-SIMP (rev) pdf

Component Header

Component 05 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-05/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 34 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	Bypassed		
Status			
Reason	N/A Uniform Transmittal Document attached under CH08		

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	None	Company Form Number	None
Readability Score	see cert	Replaces Form Number	N/A
Requirement	LHRate Listing		
Satisfied			
Brief Description	None		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: None

Component Header

Component 06 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-06/00-00/00
State Tracking #	7/26102	Component Status	Pending Industry Response
Component Status (State)	Disapproved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04 16 35 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	LHActuarial Memorandum		
Brief Description	Actuarial Memorandum		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA Actuarial Memorandum_model reg pdf, VA Attachments Model Reg pdf

Problem Report

Report Type Problem Report

Filing Originally Sent 01/19/2006 03 57 53 PM

Created by Bob Grissom on 02/13/2006

Sent 02/13/2006 02 33 08 PM

State Virginia
SERFF Tracking SERT-6L7NDC243/00-06/00-01/00
No

Response To ComponentHeader
Response To SERT-6L7NDC243/00-06/00-00/00
SERFF Tracking No

Lead Company Allianz Life Insurance
Company of North America
Product Name Generation Protector II
(11-P-Q)

Company Allianz Life Insurance
Company of North America
Project Name Generation Protector II

Filing Date 01/19/2006 03 57 53 PM

Project No 11-P-Q

State Tracking No 7/26102
TOI LTC03I Individual Long
Term Care
Report Status Info has been requested
from company
Reviewer Phone No None

Company Tracking None
No
Sub TOI LTC03I 00I Qualified
SERFF Status None
Status Effective 02/13/2006
Date

Report Information: Problem Report

No problem descriptions

Applies to None

Components

Comments Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including (i) a description of the margin for moderately adverse experience that is included in the premium rates, and (ii) a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form

Pursuant to 14 VAC 5-200-77 B 2 c (1), please be sure that the actuarial memorandum includes a complete description of the basis for contract reserves that are anticipated to be held under the form, including sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held

Please also be sure that the actuarial memorandum contains all information required by 14 VAC 5-200-77 B 3

Please call if you have any questions

Robert F Grissom
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No (804) 371-9152

File Attachments: None

Component Header

Component 06 - Rev 01
 Created by Tammy Smasal on 03/09/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-06/01-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	03/10/2006 10 29 36 AM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation	None	Reviewer Phone	None
Date		Reviewer Fax	None
Deemer Date	None	Primary Reviewer	None
Effective Date	None		
Requirement	None		
Status			

Component Information:

Component Type	Rate	Component Action	Resubmitted
Lead Form Number	11-P-Q-VA	State Specific Code	None
Rate/Manual Page #	None		
Requirement	LHActuarial Memorandum		
Satisfied			
Brief Description	Response to 02/13/2006 Problem Report		
Filer's Notes	Please see the attached letter and revised actuarial memorandum in response to your problem report dated 02/13/2006		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North
 America

Contact

Smasal, Tammy

File Attachments

VA GenPro II Act Response Letter pdf, VA Actuarial Memorandum_model
 reg2 pdf, VA Attachments Model Reg pdf

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



March 9, 2006

Robert Grissom
State Corporation Commission, Bureau of Insurance
Forms and Rates Section, Life and Health Division
PO Box 1157
Richmond, VA 23218

RE: Our Submission Dated January 19, 2006
SERT-6L7NDC243/00
Submission No. 007 0000026102
Form No: 11-P-Q-VA, et al

Dear Mr. Grissom

In response to your correspondence dated February 13, 2006, the following restates and addresses your concerns in the order they were presented

Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including (i) a description of the margin for moderately adverse experience that is included in the premium rates; and (ii) a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the forms.

In accordance with 14 VAC 5-200-77 B 2 b (i), #1 under Section XIII Actuarial Certification of the Actuarial Memorandum has been revised to add the following description of the margin for moderately adverse experience that is included in the premium rates

"Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments

The pricing assumptions used in developing these rates are based on our own company experience wherever possible. In particular, our persistency and expense assumptions are based on our own experience. We have relied on consultants to develop appropriate claim costs, but have validated these claim costs to other claim cost studies as well as to our own experience."

Please replace the Actuarial Memorandum under CH06/00 with this attached Actuarial Memorandum

In accordance with 14 VAC 5-200-77 B 2 b (ii), please refer to Sections X L and XII Moderately Adverse Experience of the Actuarial Memorandum for a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form

Pursuant to 14 VAC 5-200-77 B 2 e (1), please be sure that the actuarial memorandum includes a complete description of the basis for contract reserves that are anticipated to be held under the form, including sufficient detail or sample calculations provided so as to have a complete description of the reserve amounts to be held.

In accordance with 14 VAC 5-200-77 B 2 e (1), please refer to Section X H Statutory Reserves of the Actuarial Memorandum for a description of the basis for contract reserves that are anticipated to be held under the form. In addition, please refer to Attachments 3, 4, and 5 of the Actuarial Memorandum for sample reserve calculations

Please also be sure that the actuarial memorandum contains all information required by 14 VAC 5-200-77 B 3.
The Actuarial Memorandum has been reviewed against 14 VAC 5-200-77 B 3, and it addresses all of the requirements

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements

Please do not hesitate to call me with any questions you may have at 800-328-5601, extension **32804** Thank you for your consideration

Sincerely,

Tammy Smasal
Sr Compliance Analyst
Product/Forms Filing Compliance
E-mail tammy_smasal@allianzlife.com
Fax 763/582-6495

Actuarial Memorandum - Virginia

Allianz Life Insurance Company of North America Tax-Qualified Long Term Care Insurance Policy (11-P-Q-VA Series)

I. PURPOSE OF MEMORANDUM

The purpose of this memorandum is to provide actuarial information supporting rates for Allianz' Individual Long Term Care Product and to demonstrate the reasonableness of benefits relative to premiums. This filing is not intended to be used for other purposes.

II. MARKETING METHOD

Sales will be conducted by individual agents, who will sell primarily on an individual policy basis. Allianz will be offering this product with regular underwriting and with simplified underwriting. For regular underwriting, issue ages are 18 – 84 with the majority of policies expected to be issued to ages 50 – 70. For simplified underwriting, the issue ages are restricted to 18 – 65 with the majority of policies expected to be issued to ages 45 – 65.

III. UNDERWRITING METHODOLOGY

REGULAR UNDERWRITING

Strict underwriting criteria are administered with frequent utilization of medical records, paramedical functional assessments, and personal history interviews. There are seven different underwriting classes: preferred plus, preferred, standard, and select I - IV. General criteria for these classes are as follows:

Preferred Plus

- Nonsmoker for the last 24 months (other tobacco use acceptable)
- Weight is within 40% of average weight on height/weight chart
- Consultation with a physician within the last 18 months
- No history of treatment for serious health conditions
- Applicant may be receiving regular treatment of a preventative nature only, for example: High blood pressure that is kept in normal range (140/90) for at least two years with medication is acceptable, but cannot be in combination with heart disorders

Preferred

- Smoker in otherwise good health
- Weight is within 40% of average weight on height/weight chart
- Medical history of cardiac or circulatory disorder, diabetes, rheumatoid arthritis, cancer, or other health conditions which have an excellent prognosis

Standard and Select

- Under treatment for a serious health condition which requires close medical supervision (such as diabetes, ulcerative colitis, or emphysema)
- History of a combination of serious conditions (such as heart and lung disease, or rheumatoid arthritis with coronary artery disease)

SIMPLIFIED UNDERWRITING

Agents can offer this policy form to worksite groups using simplified underwriting if the group meets a minimum 5% participation rate and at least 10 applications approved. The target group will be companies with 50 - 250 employees. The application will have a limited number of yes/no insurability questions. There will be no attending physician statements or personal history interviews. All policies approved using simplified underwriting will be issued as the same rate class (standard). Allianz will track experience separately for the regularly underwritten versus simplified underwritten cohorts. To mitigate additional risk due to simplified underwriting, the following restrictions will be made:

Issue Ages	18-65
Benefit Period	2,3,4, or 5 years only
Elimination Period	90, 180, or 365 days only
Daily Benefit	\$50 - \$200 per day
Riders not available	Ten-Year Premium Payment, Paid Up at Age 65, Full Indemnity Benefit, and Waiver of Home and Community Care Elimination Period

Several pricing assumptions adjustments were also made to account for simplified underwriting - See Section X Actuarial Assumptions

IV POLICY INFORMATION

This plan is a Guaranteed Renewable, Tax Qualified, Individual Long Term Care Product Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the Ten-Year Premium Payment Rider or the Paid Up at Age 65 Rider Premium rates are guaranteed for the first five years of the policy

Several coverage options are available, and are detailed later in this memo

- Various Maximum Benefit Periods
- Various Daily Benefit Amounts
- Various Elimination Periods
- Facility Care Plan with three Home and Community Care Benefit levels
- Separate rates for Preferred Plus, Preferred, Standard, and Select I - IV classes
- Separate rates for spousal, married, living with someone whom also has an Allianz Life long term care contract, and single lives

In addition, several optional benefits and riders are available as described below

V ELIGIBILITY CRITERIA

To be eligible for benefits, the insured must be certified as

- being unable to perform without substantial assistance at least 2 ADLs and substantial assistance is expected to be required for a period of at least 90 continuous days due to a loss of functional capacity, or
- requiring substantial supervision to protect him or herself from threats to health and safety due to a severe cognitive impairment

The six ADLs are bathing, continence, dressing, eating, toileting, and transferring

VI. BENEFIT AMOUNT

Policies are available with a benefit period of 2, 3, 4, 5, or 8 years, or lifetime The Maximum Lifetime Benefit is a single pool of money calculated as the Facility Care Daily Benefit times 365 times the benefit period (in years) The Facility Care Daily Benefit can vary from \$50 to \$500 The Home and Community Care Daily Benefit is 70, 100, or 130% of the Facility Care Daily Benefit

VII. ELIMINATION PERIOD

Policies are available with an elimination period of 7, 30, 60, 90, 180, or 365 days Each day of covered services counts toward the elimination period (days need not be consecutive) The elimination period must be satisfied only once for the life of the policy

VIII. BASE POLICY BENEFITS

- A Facility Care Benefit – Reimbursement of expenses incurred up to the Facility Care Daily Benefit for care provided in a nursing facility or assisted living facility Benefits paid are deducted from the Maximum Lifetime Benefit
- B Home and Community Care Benefit – This benefit reimburses expenses incurred up to the Home and Community Care Daily Benefit for adult day services, home health care services, and hospice care

services. Home care includes professional nursing care, care by a home health aide, and therapeutic care. Benefits paid are deducted from the Maximum Lifetime Benefit.

- C **Alternative Plan of Care Benefit** – This benefit provides for services or care not normally covered under other benefit provisions in the policy, for example, equipment purchases or rentals, or modifications to the home. Benefits paid are deducted from the Maximum Lifetime Benefit.
- D **Bed Reservation Benefit** – If the insured temporarily leaves the care facility, this benefit will continue to pay the Facility Care Benefit as if they were still confined to that facility. This benefit is payable for a maximum of 60 days per calendar year. Benefits paid are deducted from the Maximum Lifetime Benefit.
- E **Caregiver Training Benefit** – A one time benefit equal to five times the Facility Care Daily Benefit is available to reimburse expenses incurred for an informal caregiver to receive training to take care of the insured at home. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.
- F **Respite Care Benefit** – This benefit reimburses expenses incurred up to the Facility Care Daily Benefit, or Home and Community Care Daily Benefit, as appropriate, for short term care to relieve an informal caregiver. This benefit is available for up to 30 days per calendar year. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.
- G **Waiver of Premium Benefit** – If the insured is eligible to receive benefits, their premiums will be waived as they come due according to their mode of payment. This benefit does not reduce the Maximum Lifetime Benefit.
- H **Care Coordination Advisor Benefit** – The insured may choose to utilize the services of a care coordination advisor to help determine and monitor their care. This service is not required to obtain benefits under the policy, and it will not reduce the Maximum Lifetime Benefit.

IX. **OPTIONAL BENEFITS AND RIDERS**

A **NONFORFEITURE & DEATH BENEFITS**

- 1 **Shortened Benefit Rider** - This rider provides the nonforfeiture benefit as adopted by the NAIC. If the policy has been in force for at least three years and lapses due to nonpayment of premiums, coverage will continue but the maximum benefit payable is limited to the total premiums paid for the contract, subject to a minimum of thirty times the Facility Care Daily Benefit. No further benefit increases will occur under any inflation protection rider, if attached to the policy.
- 2 **Return of Premium Upon Death Option** – At the death of the insured, this benefit pays an amount equal to the total premium paid less benefits paid.
- 3 **Full Return of Premium Upon Death Option** – At the death of the insured, this benefit pays an amount equal to the total premium paid.
- 4 **Contingent Benefit Upon Lapse** – This benefit is provided (without charge) if the Shortened Benefit Rider is not chosen. If the cumulative premium increase is considered substantial, the insured has the option to convert the coverage to a paid-up status with a shortened benefit period.

B **INFLATION PROTECTION (only one benefit in this section may be elected)**

- 1 **3% Lifetime Compound Benefit Increase Rider** – This rider increases the daily benefit and remaining lifetime benefit by 3%, compounded annually. Increases are made regardless of claim status.
- 2 **4% Lifetime Compound Benefit Increase Rider** – This rider increases the daily benefit and remaining lifetime benefit by 4%, compounded annually. Increases are made regardless of claim status.
- 3 **5% Lifetime Compound Benefit Increase Rider** – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually. Increases are made regardless of claim status.
- 4 **Two Times Compound Benefit Increase Rider** – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually, until the daily benefit first exceeds two times the original daily benefit. Increases are made regardless of claim status.
- 5 **Simple Benefit Increase Rider** – This rider increases the daily benefit by 5% of the original amount issued. The remaining lifetime benefit will be increased by the same proportion as the daily benefit. Increases are made regardless of claim status.

C BASE BENEFIT ENHANCEMENTS

- 1 **Coverage Enhancement Rider** – This rider allows the insured to enhance their coverage without underwriting on every fifth policy anniversary. Every five years the insured may choose any or all of the following enhancement options: 1) Increase the daily/monthly benefit on the Facility Care Daily Benefit, Home and Community Care Daily Benefit, or Monthly Indemnity Benefit (if applicable) to reflect the CPI growth over the previous five year period (using the seasonally adjusted CPI for Nursing Homes and Adult Day Care), 2) Decrease the elimination period to the immediately preceding elimination period, and/or 3) Increase the benefit period to the next available period (excluding the lifetime benefit period)
- 2 **Restoration of Benefits Rider** – The Maximum Lifetime Benefit is restored if, for 180 consecutive days, the insured is not receiving benefit payments, is not eligible for benefits, and is no longer chronically ill
- 3 **Monthly Indemnity Benefit Option** – The indemnity benefit provided by this option is chosen at issue and can be up to 50% of the Facility Care Daily Benefit. The indemnity benefit is paid monthly and is equal to 30 times the Facility Care Daily Benefit times the indemnity percentage. The monthly indemnity benefit is payable in any month that a benefit payment is received under the Facility Care Benefit or the Home and Community Care Benefit
- 4 **Full Indemnity Benefit Rider** – The indemnity benefit provided by this rider is equal to 30 times the Facility Care Daily Benefit and is paid monthly. This benefit is paid in lieu of reimbursement of the Facility Care Daily Benefit and the Home and Community Care Daily Benefit for actual expenses incurred
- 5 **Home and Community Care Monthly Benefit Option** – The Maximum Home and Community Care Benefit will be a monthly limit versus a daily limit. The Maximum monthly benefit equals the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month
- 6 **Calendar Day Elimination Period Option** – This option changes the elimination period from service days to calendar days. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward your Elimination Period
- 7 **Waiver of Home and Community Care Elimination Period Rider** – This rider waives your elimination period while you are receiving Home and Community Care. In addition, each day that you receive Home and Community Care Benefits will count towards your elimination period
- 8 **Facility Care Only Policy Endorsement** - This endorsement deletes any reference within the policy to "Home and Community Care" making it a Facility Care Only policy
- 9 **International Coverage Benefit Rider** – This rider provides benefits if the insured is outside of the United States, District of Columbia, or Canada

D PREMIUM PAYMENT OPTIONS

- 1 **Paid Up at Age 65 Rider** – The policy will become paid up at age 65 if required premiums have been paid. This rider will only be available to insureds age 54 or younger at issue
- 2 **Ten-Year Premium Payment Rider** – The policy will become paid up once required premiums have been paid for ten years

E SPOUSAL RIDER BENEFITS

- 1 **Spousal Discount Rider** – A 30% premium discount is provided to both insureds provided they live together, are married, and each purchase a contract
- 2 **Married Discount Rider** - A 10% premium discount is provided to the insured provided the insured is married
- 3 **Household Discount Rider** - A 10% premium discount is provided to the insured provided they are living with someone whom was/is also issued an Allianz Life long term care insurance contract
- 4 **Spousal Shared Care Rider** – We will have two versions of this rider. One where if the insured exhausted his Maximum Lifetime Benefit, he may access the entire insured spouse's Maximum Lifetime Benefit (no residual) and one where if the insured exhausted his Maximum Lifetime Benefit, he may access all but one year of the insured spouse's Maximum Lifetime Benefit (one year residual). Both insured spouses must purchase this rider to receive this benefit. Upon death of one insured spouse, the remaining lifetime benefits (or remaining lifetime benefits less 365 times the facility care daily benefit), if any, of the spouse are transferred to the surviving insured spouse

- 5 **Spousal Waiver of Premium Rider** – If one insured spouse's premiums are being waived, then the other insured's premium is also waived. Both insured spouses must purchase this rider to receive this benefit.
- 6 **Spousal Survivorship Rider** – If the insured spouse dies after both their policy and the other insured's policy have been in force for at least ten years, then the survivor's policy becomes paid up. Both insured spouses must purchase this rider to receive this benefit.

X. ACTUARIAL ASSUMPTIONS

- A Profit formula – pricing was performed with asset shares on a statutory basis. The statutory profit for any period is calculated as

Statutory profit = premium + investment income – expenses – commission – incurred claims – increase in reserves

- B Morbidity – Claim costs were developed using Milliman, USA's 2002 edition of their *Long Term Care Guidelines (Guidelines)*. The *Guidelines* were developed from public sources as well as an internal database of \$1.8 billion of Long Term Care insurance claims. Milliman then created and validated the morbidity adjustment factors using their Long Term Care insurance claim data base. Allianz then made some additional adjustments to ensure consistency with several additional sources of claim costs, including the 1997 National Nursing Home Study, and two long term care reinsurers.
- C Persistency – Lapse rates vary by inflation protection option, duration, premium payment pattern, and individual policy versus policy with spousal discount rider. Lapse rates are based on our own insured experience. Ultimate lapse rates are consistent with our own insured experience as well as industry experience and judgement.

	INDIVIDUAL POLICY		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%

	WITH SPOUSAL DISCOUNT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%

	INDIVIDUAL POLICY WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5	2.25%	1.75%	1.25%
6	1.80%	1.40%	1.00%
7	1.35%	1.05%	0.75%
8	0.90%	0.70%	0.50%
9	0.45%	0.35%	0.25%
10+	0.00%	0.00%	0.00%

	WITH SPOUSAL DISCOUNT RIDER AND WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5	2.00%	1.50%	1.00%
6	1.60%	1.20%	0.80%
7	1.20%	0.90%	0.60%
8	0.80%	0.60%	0.40%
9	0.40%	0.30%	0.20%
10+	0.00%	0.00%	0.00%

Lapse assumptions for policies with the Paid Up at Age 65 rider will use lapse assumptions identical to those used with the Ten-Year Premium Payment Rider for years one through five. Lapse rates after year five will linearly grade to zero over the remaining years until the insured becomes age 65.

For policies issued with simplified underwriting an additional 50 basis points is added to the base lapse assumptions until the insured becomes age 65. This is because persistency is expected to be worse until the insured reaches a retirement age of 65. After age 65, lapse assumptions are identical to base lapse assumptions.

D Mortality - 1994 Group Annuity Reserving Table, with select factors of 5, 6, 7, 8, 9, 10 (years 6+)

E Interest Rate – Earned rate on statutory assets 5.25%

F Commissions -

<u>Regular Underwriting</u>	<u>Year 1</u>	<u>Years 2-10</u>	<u>Years 11+</u>
Option 1	85%	12%	6%
Option 2	70%	14%	14%
Option 3	140%	0%	0%
<u>Simplified Underwriting</u>			
Option 1	80%	8%	6%

G Expenses -

Acquisition

<u>Age</u>	<u>Regular Underwriting</u>	<u>Simplified Underwriting</u>
18-44	510	314
45-49	520	320
50-54	525	323
55-59	550	338
60-64	610	375
65-69	680	418
70-74	1150	708
75-79	1400	862
80-84	1500	923
AvgCost	\$ 650	\$ 400

An additional 12.5% of first year premiums - for acquisition costs

An additional 14% of first year premiums – for marketing expenses

Maintenance \$65 all years

Claims Administration 4% (for \$50 - \$99 daily benefit) and 6% (for \$100 - \$500 daily benefit) of base incurred claims, (excludes COLA portion of claims) (5% used for simplified underwriting)

Percent of Premium 2.5% of gross premium

H Statutory Reserves – Policy reserves are based on claim costs developed for this plan. A one-year preliminary term method with 1994 Group Annuity Reserving Table Mortality, with select factors of 5, 6, 7, 8, 9, 10 (years 6+) and 4% interest has been used. Lapse rates used are as follows:

Year 1 min (80% of pricing, 6.0%)
 Years 2-4 min (80% of pricing, 4.0%)
 Years 5+ min (100% of pricing, 2.0%)

A complete description of Statutory Reserves is shown in **Attachment 3** and sample calculations are in Example 1 and Example 2 of **Attachment 4**

This reserve basis is consistent with the current NAIC "Health Insurance Reserves Model Regulation"

A table of anticipated policy reserves is shown in **Attachment 5**

Claim reserves are based on the claim amount, the 1985 National Nursing Home Study, and 4.0% interest. The inflation protection riders are incorporated via multiplying the daily benefit in future years

I Distribution of Business – The following is the expected distribution of business

Age	42	47	52	57	62	67	72	77	82
	3%	5%	15%	26%	25%	17%	6%	2%	1%
Benefit Period	42	47	52	57	62	67	72	77	82
2 year	1%	1%	2%	2%	2%	4%	6%	10%	25%
3 year	9%	10%	12%	15%	22%	28%	35%	42%	45%
4 year	8%	12%	14%	15%	18%	18%	18%	18%	13%
5 year	20%	24%	25%	26%	26%	20%	20%	15%	7%
8 year	10%	10%	12%	12%	10%	10%	6%	5%	5%
Lifetime	52%	43%	35%	30%	22%	20%	15%	10%	5%
COLA	42	47	52	57	62	67	72	77	82
No COLA	10%	8%	8%	9%	16%	30%	60%	79%	90%
5% Lifetime	4%	4%	5%	7%	12%	15%	10%	4%	1%
2x Cap									
3% Lifetime	14%	11%	10%	10%	10%	10%	6%	3%	2%
4% Lifetime	8%	8%	7%	6%	5%	4%	1%	1%	1%
5% Simple	8%	9%	12%	13%	17%	20%	17%	10%	4%
5% Lifetime	56%	60%	58%	55%	40%	21%	6%	3%	2%
Spousal	42	47	52	57	62	67	72	77	82
Individual	30%	25%	25%	25%	25%	30%	40%	55%	70%
Joint	70%	75%	75%	75%	75%	70%	60%	45%	30%
Gender	42	47	52	57	62	67	72	77	82
Male	35%	35%	40%	40%	40%	45%	45%	40%	40%
Female	65%	65%	60%	60%	60%	55%	55%	60%	60%

J Average Issue Age – The expected median issue age is 60

K Average Annual Premium – The expected average annual individual premium, including riders, is \$2,091

L The model was run with the moderately adverse conditions listed below and under them the IRR remained at an acceptable level

- 7.5% increase in morbidity
- 0.75 decrease of earned rate on statutory assets
- 0.5% decrease in ultimate lapse rates

- M Premiums were developed using the assumptions detailed in this memo taking into account company profit goals and moderately adverse experience. Both IRR and profit margin were used to measure profitability.

XI. GROSS PREMIUMS AND PREMIUM FACTORS.

This plan is a guaranteed renewable individual long term care product.

Premiums are unisex, vary by issue age, and are guaranteed for the first five years of the policy. Premiums are priced to sufficiently cover anticipated costs, and the premium is reasonably expected to be sustainable over the life of the policy with no future premium increase anticipated. A premium increase may be requested, however, due to deviations in actual experience relative to any pricing assumptions, and any change in premium rates will apply to all policies in the same class.

Policies are issued to ages 18-84 (18-65 for simplified underwriting) on an age last birthday basis. Gross annual premiums for a Preferred risk, 90-day elimination period are shown in **Attachment 1**. Rider Premiums are listed in **Attachment 2**.

In addition, the rates are subject to the following adjustments and factors for plan variations:

A Elimination Period Factors -

7 Day	1.30
30 Day	1.18
60 Day	1.08
90 Day	1.00
180 Day	0.90
365 Day	0.80

B Risk Classes - Preferred risk premiums are shown in Attachment 1. The following factors are applied to the Preferred Risk premiums to obtain premiums for the other risk classes:

Preferred Plus	0.85
Preferred	1.00
Standard	1.20
Select I	1.50
Select II	1.80
Select III	2.30
Select IV	3.00

The premium rates for this product were determined in the aggregate, without regard to risk class. The risk class premium factors were then determined after consultation with Milliman and our underwriters. It was determined that these premium factors adequately reflect the level of risk to be disseminated within each rate class.

C Discounts -

- Two discounts are available to married persons. A 30% spousal discount is provided to both insureds if they are married, living together, and each purchase a contract. A 10% married discount is provided to the insured provide he/she is married.

The claim cost selection factors used to determine the rates for this contract are distinct for unmarried and married individuals. The claim costs provided by Milliman are based on experience and indicate a married discount as high as 40% would be actuarially supportable.

- A 10% household discount is provided to the insured if they are living with someone whom was/is also issued an Allianz Life long term care insurance contract.

- Premium rates will be discounted when the Company negotiates with an association or employer group (which may include family members) who endorses the product to its employees or members. This discount will be 5% for all ages. In addition, there will be a premium discount of 20% for Allianz employees and their families. There will be a reduction in commissions on policies where these discounts are given.

D. Modal Premium Factors – the modal factors will not exceed the following:

0.09	monthly
0.0927	monthly credit card
0.265	quarterly
0.52	semi-annual
1.0	annual

XII. MODERATELY ADVERSE EXPERIENCE

A moderately adverse scenario is one which would decrease profits below a preset threshold. Examples of experience which would cause profits to decrease below this threshold are:

- 10% increase in morbidity
- 1% decrease of earned rate on statutory assets
- 0.6% decrease in ultimate lapse rates

XIII. ACTUARIAL CERTIFICATION

I hereby certify that to the best of my knowledge and judgement, the following are true with respect to this filing

- 1 The initial rate premium schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated,

Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments

The pricing assumptions used in developing these rates are based on our own company experience wherever possible. In particular, our persistency and expense assumptions are based on our own experience. We have relied on consultants to develop appropriate claim costs, but have validated these claim costs to other claim cost studies as well as to our own experience.

- 2 Policy design and coverage provided have been reviewed and taken into consideration,
- 3 Underwriting and claims adjudication processes have been reviewed and taken into consideration,
- 4 Contract reserves contain reasonable margins for adverse experience,
- 5 The net valuation premium for renewal years does not increase,
- 6 The expected difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses,
- 7 The base premium rates and rider premium rates are greater than or equal to the premium rates for existing similar policy forms available from Allianz Life except for premium rates for the Spousal Survivorship Rider and the Spousal Shared Care Rider. Rates have decreased on these riders due to more accurate modeling.



Kathy Ignagni, ASA, MAAA
Assistant Actuary
Allianz Life Insurance Company of North America

February 17, 2006

Attachment 1

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$50 - \$99

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	168	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	406	230	250	280	324	357	428	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	448	526	312	337	373	439	496	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	638	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1 015
83	601	636	690	757	845	991	614	652	711	780	876	1 035	655	711	776	850	983	1 127
84	663	700	763	839	937	1 099	677	719	787	865	971	1 148	721	783	857	943	1 091	1 252

Attachment 1 - Continued

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$100 - \$500

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	55	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	78	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	79	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	216	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	468	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	682	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	550	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1 070

Attachment 2
Rider Premium Rates and Premium Factors

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits
18-40	2.68	2.28	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08
41	2.66	2.28	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05
42	2.66	2.28	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12		
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12		
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12	Spousal Shared Care	Spousal Shared Care
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12	Benefit Period	Shared Care (with no residual)
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12	2 year	1.12
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12	3 year	1.11
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12	4 year	1.08
53	2.46	2.14	1.81	1.78	1.60	2.81	2.38	1.23	1.52	1.76	1.12	5 year	1.05
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12	8 year	1.02
55	2.33	2.05	1.78	1.74	1.60	2.66		1.23	1.59	1.84	1.12	Lifetime	N / A
56	2.27	2.00	1.73	1.73	1.60	2.58		1.23	1.62	1.89	1.11		N / A
57	2.21	1.98	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11		
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11	Restoration of Benefits and Shared Care are not available with Lifetime benefit period option	
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11		
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11		
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11	HCC Monthly Benefit	1.06
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11	Spousal Waiver of Premium	1.03
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11	HCC Calendar Day EP	1.02
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11	Waiver of HCC EP	1.12
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11		
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10	Monthly Indemnity Benefit	
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10	10%	1.04
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10	25%	1.10
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10	50%	1.23
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09	100% (age < 60)	2.57
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08	100% (age 60+)	2.23
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07		
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06	Elimination Period Factors	
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05	7 Day	1.30
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04	30 Day	1.18
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03	60 Day	1.08
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02	90 Day	1.00
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02	180 Day	0.90
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02	365 Day	0.80
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02		
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02	Risk Class Factors	
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02	Preferred Plus	0.85
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02	Preferred	1.00
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02	Standard	1.20
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02	Select I	1.50
86	1.32	1.27	1.22	1.31	1.31			1.30	10.48	20.15	1.02	Select II	1.80
87	1.31	1.26	1.21	1.29	1.30			1.30	10.48	20.15	1.02	Select III	2.30
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02	Select IV	3.00
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02		
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02	Discount Factors	
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02	Married	0.80
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02	Spousal	0.70
												Facility Care Only Endorsement	0.80

Attachment 2 - Continued
Coverage Enhancement Rider
Daily Benefit Premium Rates
Preferred Rate Class, 90 Day Elimination Period
Rates are per \$10 Facility Care Daily Benefit

Facility Care Benefit and 70% Home and Community Care Benefit							Facility Care Benefit and 100% Home and Community Care Benefit							Facility Care Benefit and 130% Home and Community Care Benefit						
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime		
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90		
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90		
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91		
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91		
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91		
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92		
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92		
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92		
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94		
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96		
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99		
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101		
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103		
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106		
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108		
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111		
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113		
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116		
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123		
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130		
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136		
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143		
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150		
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165		
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181		
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196		
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211		
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227		
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255		
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283		
70	138	152	178	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311		
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339		
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367		
73	185	204	236	268	298	367	189	209	242	278	307	382	205	228	264	300	335	417		
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466		
75	226	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515		
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564		
77	271	299	345	399	443	540	278	307	358	413	460	563	301	335	388	449	500	613		
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673		
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732		
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792		
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851		
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911		
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1 012		
84	524	579	668	722	830	986	534	594	688	744	861	1 031	569	647	750	812	939	1 123		
85	551	614	713	778	897	1 088	563	631	735	803	932	1 149	606	692	807	861	1 024	1 261		
86	579	650	759	834	964	1 209	592	667	783	862	1 002	1 267	643	737	864	950	1 109	1 400		
87	607	685	804	889	1 031	1 321	621	704	830	921	1 073	1 385	680	782	921	1 020	1 194	1 538		
88	635	721	850	945	1 098	1 433	650	740	877	979	1 144	1 503	718	827	978	1 089	1 279	1 676		
89	662	756	895	1 001	1 165	1 544	679	777	924	1 038	1 214	1 621	753	871	1 035	1 159	1 364	1 815		
90	690	791	941	1 057	1 232	1 658	708	813	971	1 097	1 285	1 739	790	916	1 092	1 228	1 449	1 953		
91	718	827	986	1 112	1 299	1 768	737	850	1 018	1 156	1 358	1 858	827	961	1 149	1 298	1 534	2 091		
92+	745	862	1 032	1 168	1 366	1 879	766	886	1 065	1 214	1 427	1 976	863	1 008	1 206	1 367	1 619	2 230		

Attachment 2 - Continued

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From To Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	18	21	17	19	17	23
54	15	16	15	19	15	16	18	20	17	18	17	23
55	15	16	15	19	15	16	18	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	26	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
82	66	92	67	116	70	97	69	123	77	106	76	134
83	74	103	76	129	77	109	79	137	95	119	85	149
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Attachment 2 - Continued
Coverage Enhancement Rider
Elimination Period Factors
Preferred Rate Class

From To Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1 50	1 49	1 47	1 51	1 53
41	1 50	1 49	1 47	1 51	1 53
42	1 50	1 49	1 47	1 51	1 53
43	1 48	1 46	1 45	1 49	1 51
44	1 45	1 44	1 43	1 47	1 49
45	1 43	1 42	1 40	1 44	1 46
46	1 41	1 40	1 38	1 42	1 44
47	1 39	1 38	1 36	1 40	1 42
48	1 39	1 38	1 36	1 40	1 42
49	1 39	1 38	1 36	1 40	1 42
50	1 39	1 38	1 36	1 40	1 42
51	1 39	1 38	1 36	1 40	1 42
52	1 39	1 38	1 36	1 40	1 42
53	1 37	1 35	1 34	1 38	1 40
54	1 34	1 33	1 32	1 36	1 37
55	1 32	1 31	1 30	1 33	1 35
56	1 30	1 29	1 27	1 31	1 33
57	1 28	1 27	1 25	1 29	1 31
58	1 26	1 25	1 23	1 27	1 28
59	1 23	1 22	1 21	1 24	1 26
60	1 21	1 20	1 19	1 22	1 24
61	1 19	1 18	1 17	1 20	1 22
62	1 17	1 16	1 14	1 18	1 19
63	1 17	1 16	1 14	1 18	1 19
64	1 16	1 15	1 14	1 17	1 19
65	1 16	1 15	1 14	1 17	1 19
66	1 16	1 15	1 14	1 17	1 18
67	1 16	1 15	1 13	1 17	1 18
68	1 16	1 15	1 13	1 17	1 18
69	1 16	1 15	1 13	1 17	1 18
70	1 16	1 15	1 13	1 17	1 18
71	1 16	1 15	1 13	1 17	1 18
72	1 16	1 15	1 13	1 17	1 18
73	1 16	1 15	1 13	1 17	1 18
74	1 16	1 15	1 13	1 17	1 18
75	1 16	1 15	1 13	1 17	1 18
76	1 16	1 15	1 13	1 17	1 18
77	1 16	1 15	1 13	1 17	1 18
78	1 16	1 15	1 13	1 17	1 18
79	1 16	1 15	1 13	1 17	1 18
80	1 16	1 15	1 13	1 17	1 18
81	1 16	1 15	1 13	1 17	1 18
82	1 16	1 15	1 13	1 17	1 18
83	1 16	1 15	1 13	1 17	1 18
84	1 16	1 15	1 13	1 17	1 18
85	1 16	1 15	1 13	1 17	1 18
86	1 16	1 15	1 13	1 17	1 18
87	1 16	1 15	1 13	1 17	1 18
88	1 16	1 15	1 13	1 17	1 18
89	1 16	1 15	1 13	1 17	1 18
90	1 16	1 15	1 13	1 17	1 18
91	1 16	1 15	1 13	1 17	1 18
92+	1 16	1 15	1 13	1 17	1 18

Attachment 3 – Statutory Reserve

Combined with **Example 1** in **Attachment 4**, the following information provides a complete description of the contract reserves that will be held under this form

Valuation Method	One year preliminary term
Valuation Process	Serial (Policy by Policy)
Interest Rate	4.0%
Type of Factors	Daily interpolation between terminal reserves
Lapse Rate	Year 1 min (80% of pricing, 6.0%) Years 2-4 min (80% of pricing, 4.0%) Years 5+ min (100% of pricing, 2.0%)
Mortality	1994 Group Annuity Reserving Table, with select factors of 5, 6, 7, 8, 9, 10 (years 6+)
Claim Costs	Identical to those used in pricing
Selection Factors	Identical to those used in pricing for both morbidity and mortality

Example 1 and **Example 2** in **Attachment 4** use a policyholder with the following characteristics

Issue Age	62
Gender	Male
Gross Annual Premium	\$2,730.61*
Benefit Period	5 Year
Nursing Home Daily Benefit	\$140
ALF Daily Benefit	\$140
Home and Community Care Daily Benefit	\$140
Elimination Period	90 days
COLA	5%
	Lifetime
	Compound

*This is an aggregate premium weighted by the expected distribution of underwriting classes

The total reserve equals the Premium Reserve plus the Contract Reserve. The Premium Reserve is equal to the unearned statutory net valuation premium. The formulas for the Contract Reserve are given below and illustrated in **Example 1**.

Column Heading on Example 1	Explanation/ Logic
Gross Premium(t)	The Annual Premium paid by the policy holder
Interest	4.0%
Lapse Rate	As described above
Mortality Rate	As described above
Claim Costs	As described above

Discount Factors

Lives(t)

The number of lives remaining at the beginning of duration t The

formula is if $t=1$, 1 else $\prod_{k=0}^{t-1} (1 - q_{x+k}^d)(1 - q_{x+k}^w)$

Interest Discount(t)

 $(1+i)^{-(t-1)}$

Claim Discount Adjustment(t)

The number of lives that survive to the $\frac{1}{2}$ year mark of duration t given that they survived to duration (t-1) Linear interpolation is used on thefactors $\left(1 + \frac{(1 - q_{x+(t-1)}^d)(1 - q_{x+(t-1)}^w)}{1 + i} \right) * 5$ **Present Value Discounted to issue** $PV_0(\text{Gross Premium}(t))$

At duration t = Gross Premium(t) * Lives(t) * Interest Discount(t)

 $PV_0(\text{Claims Costs}(t))$

At duration t = Claims Costs(t)*Lives(t)*Interest Discount(t)* Claim Discount Adjustment(t)

Direct

Renewal Net Premium/ Gross Premium

$$\frac{\sum_{t=2}^{49} PV_0(\text{ClaimCosts}(t))}{\sum_{t=2}^{49} PV_0(\text{GrossPremium}(t))}$$

Net Premium(t)

Net Premium(1) = $PV_0(\text{Claims Costs}(1))$

Net Premium(duration > 1) = Renewal Net/Gross * Gross Premium

Reserve(t)

Reserve(1)=0

$$R_t = \frac{(R_{t-1} + NP_t - (CC_t * CDA_t)) * (1 + i)}{(1 - q_{x+t-1}^w)(1 - q_{x+t-1}^d)}$$

Where

 R_t = Reserve(t) NP_t = Net Premium(t) CC_t = Claims Costs(t) CDA_t = Claim Discount AdjustmentA sample calculation of the total reserve is illustrated in **Example 2**

STATUTORY

DIRECT

Policy Year	Gross Prem	Interest	Lapse Rate	Mortality Rate	Claim Cost
1	2 730 61	4 00%	4 00%	0 005074	32 15
2	2 730 61	4 00%	3 20%	0 008883	55 87
3	2 730 61	4 00%	2 40%	0 009058	80 88
4	2 730 61	4 00%	1 60%	0 011828	108 71
5	2 730 61	4 00%	1 25%	0 014615	133 25
6	2 730 61	4 00%	1 25%	0 018034	185 43
7	2 730 61	4 00%	1 25%	0 018859	237 49
8	2 730 61	4 00%	1 25%	0 021729	299 35
9	2 730 61	4 00%	1 25%	0 023730	376 42
10	2 730 61	4 00%	1 25%	0 025951	467 53
11	2 730 61	4 00%	1 25%	0 028481	561 93
12	2 730 61	4 00%	1 25%	0 031201	707 18
13	2 730 61	4 00%	1 25%	0 034051	890 16
14	2 730 61	4 00%	1 25%	0 037211	1 120 81
15	2 730 61	4 00%	1 25%	0 040858	1 397 24
16	2 730 61	4 00%	1 25%	0 045171	1 724 43
17	2 730 61	4 00%	1 25%	0 050211	2 014 59
18	2 730 61	4 00%	1 25%	0 055881	2 355 04
19	2 730 61	4 00%	1 25%	0 062027	2 758 10
20	2 730 61	4 00%	1 25%	0 068915	3 231 69
21	2 730 61	4 00%	1 25%	0 075532	3 825 82
22	2 730 61	4 00%	1 25%	0 082510	4 550 20
23	2 730 61	4 00%	1 25%	0 089613	5 412 22
24	2 730 61	4 00%	1 25%	0 097240	6 434 32
25	2 730 61	4 00%	1 25%	0 105792	7 683 89
26	2 730 61	4 00%	1 25%	0 115671	9 122 11
27	2 730 61	4 00%	1 25%	0 126980	10 289 48
28	2 730 61	4 00%	1 25%	0 139452	11 801 66
29	2 730 61	4 00%	1 25%	0 152931	13 072 82
30	2 730 61	4 00%	1 25%	0 167260	14 792 00
31	2 730 61	4 00%	1 25%	0 182281	16 736 39
32	2 730 61	4 00%	1 25%	0 198302	17 782 79
33	2 730 61	4 00%	1 25%	0 215700	18 926 53
34	2 730 61	4 00%	1 25%	0 233606	20 130 62
35	2 730 61	4 00%	1 25%	0 251510	21 484 41
36	2 730 61	4 00%	1 25%	0 268815	22 926 75
37	2 730 61	4 00%	1 25%	0 285277	24 705 50
38	2 730 61	4 00%	1 25%	0 301298	26 484 84
39	2 730 61	4 00%	1 25%	0 317238	28 261 85
40	2 730 61	4 00%	1 25%	0 333481	30 043 04
41	2 730 61	4 00%	1 25%	0 350330	31 802 92
42	2 730 61	4 00%	1 25%	0 368542	32 732 47
43	2 730 61	4 00%	1 25%	0 387855	33 835 10
44	2 730 61	4 00%	1 25%	0 407224	35 145 11
45	2 730 61	4 00%	1 25%	0 425599	36 348 21
46	2 730 61	4 00%	1 25%	0 441935	37 518 87
47	2 730 61	4 00%	1 25%	0 457583	38 629 04
48	2 730 61	4 00%	1 25%	0 473150	38 964 19
49	2 730 61	4 00%	1 25%	0 486745	38 667 11

Discount Factors

Lives(t)	IntDisc	Claim Disc Adj
1 00000	1 00000	0 95820
0 95513	0 96154	0 96218
0 91820	0 92456	0 96498
0 88805	0 88900	0 96758
0 86368	0 85480	0 96782
0 84042	0 82193	0 96820
0 81495	0 79031	0 96533
0 78876	0 75962	0 96444
0 76199	0 73069	0 96349
0 73481	0 70259	0 96244
0 70880	0 67556	0 96124
0 67790	0 64958	0 95995
0 64854	0 62460	0 95859
0 61982	0 60057	0 95709
0 58816	0 57748	0 95536
0 55708	0 55526	0 95331
0 52526	0 53391	0 95092
0 49295	0 51337	0 94824
0 45932	0 49363	0 94531
0 42544	0 47464	0 94218
0 39130	0 45639	0 93890
0 35722	0 43883	0 93559
0 32365	0 42196	0 93221
0 29096	0 40573	0 92859
0 25939	0 39012	0 92453
0 22905	0 37512	0 91984
0 20002	0 36069	0 91447
0 17244	0 34682	0 90855
0 14854	0 33348	0 90215
0 12258	0 32065	0 89535
0 10080	0 30832	0 88822
0 08139	0 29648	0 88057
0 06443	0 28506	0 87235
0 04990	0 27409	0 86385
0 03777	0 26355	0 85535
0 02791	0 25342	0 84714
0 02016	0 24367	0 83932
0 01423	0 23430	0 83172
0 00982	0 22529	0 82415
0 00662	0 21662	0 81645
0 00436	0 20829	0 80844
0 00279	0 20028	0 79979
0 00174	0 19257	0 79062
0 00105	0 18517	0 78143
0 00062	0 17809	0 77270
0 00035	0 17120	0 76495
0 00019	0 16461	0 75763
0 00010	0 15828	0 75013
0 00005	0 15219	0 74367

PV Disc'd to Issue

PV ₀ (Gross Premium(t))	PV ₀ (Claim Cost(t))
2 730 61	30 84
2 507 78	49 19
2 318 10	66 24
2 155 74	83 04
2 015 94	95 21
1 886 20	123 78
1 758 69	147 85
1 636 74	173 05
1 520 35	201 93
1 409 34	232 24
1 303 47	257 84
1 202 42	298 93
1 106 10	345 65
1 014 50	398 55
927 44	453 38
844 64	508 50
765 78	537 25
690 61	584 79
619 12	591 15
551 40	614 86
487 64	641 48
428 05	667 35
372 91	689 02
322 35	705 34
278 32	716 98
234 61	720 94
197 00	678 85
163 30	630 39
133 44	578 32
107 32	520 54
84 86	461 99
65 89	377 85
50 15	303 24
37 35	237 85
27 18	182 91
19 32	137 39
13 41	101 84
9 10	73 42
6 04	51 50
3 91	35 18
2 48	23 18
1 53	14 65
0 92	9 00
0 53	5 36
0 30	3 08
0 18	1 72
0 09	0 93
0 04	0 48
0 02	0 24

DIRECT

Net Premium	Reserve
Method = 1YPT	

Renewal Net Premium/ Gross Premium	(0 00)
48 9%	30 84
1 334 71	1 385 98
1 334 71	2 841 69
1 334 71	4 353 53
1 334 71	5 941 68
1 334 71	7 611 61
1 334 71	9 366 73
1 334 71	11 209 91
1 334 71	13 141 44
1 334 71	15 165 43
1 334 71	17 301 26
1 334 71	19 520 87
1 334 71	21 808 28
1 334 71	24 141 97
1 334 71	26 508 39
1 334 71	28 897 37
1 334 71	31 368 34
1 334 71	34 021 92
1 334 71	36 771 29
1 334 71	39 645 43
1 334 71	42 592 93
1 334 71	45 536 85
1 334 71	48 385 89
1 334 71	51 034 00
1 334 71	53 533 05
1 334 71	55 111 99
1 334 71	56 743 22
1 334 71	58 177 48
1 334 71	59 328 58
1 334 71	59 971 04
1 334 71	59 811 84
1 334 71	59 761 95
1 334 71	59 870 40
1 334 71	60 210 19
1 334 71	60 739 65
1 334 71	61 434 61
1 334 71	61 937 49
1 334 71	62 168 26
1 334 71	62 025 63
1 334 71	61 356 20
1 334 71	60 209 92
1 334 71	58 983 85
1 334 71	57 615 34
1 334 71	55 941 41
1 334 71	53 519 45
1 334 71	49 368 28
1 334 71	41 810 84
1 334 71	27 420 97
1 334 71	(0 00)

Attachment 4 - Example 2 **Sample Calculation of the Reserve**

Issue Date 2/17/2003
Paid To Date 2/16/2006
Valuation Date 12/31/2005

Annual Premium \$2,730 61
Fraction of year to next anniversary 0 129

V_{t+1} 2,841 69

V_t 4,353 53

Contract Reserve (linear interpolation) \$4,158 86

Premium Reserve \$351 61

Total Reserve \$4,510 47

Attachment 5**Anticipated Policy Reserves for Active Lives**

- The following are anticipated statutory policy reserves for the aggregate policy described in section X G of the memo

Year	Change in Reserve	Total Reserve
1	0	0
2	1,238,076	1,238,076
3	1,226,574	2,464,650
4	1,206,014	3,670,664
5	1,207,901	4,878,565
6	1,190,591	6,069,157
7	1,170,373	7,239,529
8	1,147,699	8,387,228
9	1,116,603	9,503,831
10	1,085,200	10,589,031
11	1,048,718	11,637,749
12	1,010,826	12,648,575
13	965,940	13,614,515
14	913,191	14,527,707
15	852,461	15,380,168
16	781,964	16,162,132
17	711,971	16,874,103
18	631,040	17,505,142
19	538,706	18,043,849
20	432,737	18,476,585
21	313,801	18,790,387
22	215,715	19,006,102
23	107,751	19,113,853
24	(8,928)	19,104,925
25	(136,324)	18,968,601
26	(273,348)	18,695,252
27	(352,723)	18,342,529
28	(437,476)	17,905,053
29	(532,913)	17,372,140
30	(637,597)	16,734,543
31	(750,951)	15,983,592
32	(794,036)	15,189,556
33	(845,113)	14,344,443
34	(902,329)	13,442,115
35	(970,364)	12,471,751
36	(1,028,413)	11,443,337
37	(1,011,752)	10,431,585
38	(991,952)	9,439,634
39	(971,406)	8,468,227
40	(956,805)	7,511,422
41	(920,113)	6,591,310
42	(835,980)	5,755,330
43	(756,644)	4,998,686
44	(685,514)	4,313,173
45	(646,807)	3,666,366
46	(573,391)	3,092,975
47	(505,501)	2,587,474
48	(443,031)	2,144,443
49	(387,473)	1,756,971
50	(359,928)	1,397,043

Component Header

Component 07 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-07/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 35 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Decemr Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	LHReadability - Health		
Satisfied			
Brief Description	Certificate of Readability		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA Certificate of Readability pdf



CERTIFICATE OF READABILITY

<u>POLICY FORM</u>		<u>FLESCH SCORE</u>
11-P-Q-VA	Tax-qualified Long Term Care Insurance Policy	51.0
11-PS-Q	Policy Schedule	51.1*
11-E-1	Facility Care Only Policy Endorsement	50.4*
11-R1	3% Lifetime Compound Benefit Increase Rider	50.3*
11-R2	4% Lifetime Compound Benefit Increase Rider	50.3*
11-R3	5% Lifetime Compound Benefit Increase Rider	50.3*
11-R4	Two Times Compound Benefit Increase Rider	50.2*
11-R5	Simple Benefit Increase Rider	50.6*
11-R6	Paid Up at Age 65 Rider	51.0*
11-R7	Ten-year Premium Payment Rider	51.1*
11-R8	Waiver of Home and Community Care Elimination Period Rider	50.9*
11-R9	Coverage Enhancement Rider	50.7*
11-R10	Full Indemnity Benefit Rider	50.2*
11-R11	Spousal Shared Care Rider	50.8*
11-R12	Spousal Waiver of Premium Rider	51.2*
11-R13	Household Discount Rider	51.1*
11-R14	Contingent Benefit Upon Lapse Rider	50.1*
11-R15	International Coverage Benefit Rider	50.3*
11-R16	Coverage Enhancement Rider	50.5*

* Flesch Score when read with Policy

It is hereby certified that each policy form listed above meets the minimum reading ease score required in Virginia

The Flesch score was calculated using the text of the entire form ("Text" is as defined by state regulations)

Each form is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement

Date January 19, 2006


Vickie J Hendrickson
Assistant Vice President

Component Header

Component 08 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-08/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 35 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation	None	Reviewer Phone	None
Date		Reviewer Fax	None
Deemer Date	None	Primary Reviewer	None
Effective Date	None		
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Uniform Transmittal Document		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments VA transmittal (uniform) pdf, VA uniform transmittal extra pages pdf

Component Header

Component 09 - Rev 00
Created by Tammy Smasal on 01/19/2006
Assigned To Mary Ann Mason, Bob Grissom,
[Receiver]
Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
Other Authors None
TOI LTC03I Individual Long Term Care
SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-09/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 36 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Cover Letter		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA GenPro II Filing Letter pdf

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



January 19, 2006

State Corporation Commission
Bureau of Insurance
PO Box 1157
Richmond, VA 23218

**RE: Allianz Life Insurance Company of North America / NAIC 90611 / FEIN #41-1366075
Long Term Care Insurance Policy 11-P-Q-VA, et al**

Attached is a list of forms for your review and approval. All forms are new unless otherwise stated and do not supersede any previously filed forms. Allianz Life's licensed agents will sell all forms on a personal contact basis. Please be advised that we will be using the NAIC Shopper's Guide, unless there is a state-specific Shopper's Guide required in your state.

This product will be offered with full underwriting and simplified underwriting. Simplified underwriting is only available when marketing to sponsoring employer groups. There is a minimum participation requirement (5% of eligible employees), or a minimum number of approved applications requirement (10), whichever is greater, in order for the sponsoring employer group to be approved and to receive discounted premium rates.

Form 11-P-Q-VA is a guaranteed renewable tax qualified long term care insurance policy. The policy will pay the actual charges incurred, up to the elected facility care daily benefit, for care received while the insured is confined in a nursing facility or an assisted living facility. The policy will also pay the actual expenses incurred up to the home and community care daily benefit (70%, 100%, or 130% of the facility care daily benefit) for covered services such as home health care services, adult day services, and hospice care services.

Eligibility for benefits is based on the inability to perform at least 2 out of 6 activities of daily living or severe cognitive impairment. Benefits are payable after the satisfaction of a 7, 30, 60, 90, 180, or 365-day elimination period. Once the elimination period has been satisfied, no future elimination period will be required. Days may be accumulated under separate claims in order to satisfy the elimination period.

The policies will be issued to insureds age 18-84 (age last birthday). The daily benefit amount available ranges from \$50 to \$500 in increments of \$10. The insured may elect a benefit period of 2, 3, 4, 5, or 8 years, or elect a lifetime benefit period.

As described in the actuarial memorandum, discounted premiums will be available for endorsed groups, Allianz employees, agents, and their families, current Allianz Life annuity contract or life insurance policy owners, those who are married, household contracts, and spousal contracts. Household coverage is available for two people who live in the same household and both have or are issued Allianz Life long term care insurance contracts that are still in force. Spousal coverage is available for two people who are married, live in the same household, and are both issued contracts. In the case of household and spousal coverage, each insured has their own individual policy so that all policy benefits, provisions, and eligibility rules will be applied separately for each insured.

Other benefits provided by the policy are as follows:

Waiver of Premium Benefit – If the insured is chronically ill and has satisfied the elimination period, we will waive each premium that comes due, according to the mode of premium in effect at the time the insured became eligible for benefits. Once the insured is no longer chronically ill, the waiver ends, and the insured is put back on schedule with the previous billing mode. When billing is back on schedule, regular billing resumes.

Respite Care Benefit – If the insured is chronically ill and is normally cared for by an informal caregiver, we will pay the actual daily charges incurred for each day of facility care, up to the facility care daily benefit elected, or the actual expenses incurred for each day of home and community care, up to the home and community care daily benefit elected. This benefit temporarily relieves an informal caregiver who is providing care to the insured in the insured's home. This benefit is payable for a maximum of 30 days per calendar year.

Bed Reservation Benefit - If the insured is receiving benefit payments and confined in a nursing facility or an assisted living facility, we will continue to pay benefits if the insured becomes hospitalized or temporarily leaves the facility. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit – If the insured is chronically ill, we will pay the expenses incurred for an informal caregiver to receive training to take care of the insured in the insured's home, up to the maximum caregiver training benefit, which is equal to five times the facility care daily benefit.

Alternative Plan of Care Benefit – An alternative plan of care is available if agreed to by the insured, the licensed health care practitioner, and the company. Services may include equipment purchases or rentals, permanent or temporary modifications to the insured's home (such as ramps or rails), or care services not normally covered under other benefit provisions.

Care Coordination Advisor Benefit – The insured may choose to receive access to care management professionals who will work with the insured, his or her family, and his or her licensed health care practitioner to determine and monitor care. This includes assessment of the situation of the insured and investigation of available care resources. This service is not required for the insured to obtain benefits under the contract. If used, this service will not accumulate toward the maximum lifetime benefit.

The following riders are not options at the time of application. Rather, they will be automatically attached in certain circumstances.

Form 11-R9 is a Coverage Enhancement Rider. This rider provides the insured, every five years, any of the following enhancement options: (1) increase the facility care daily benefit to reflect the seasonally adjusted consumer price index for nursing homes and adult day care, (2) decrease the elimination period to the next available elimination period, and (3) increase the benefit period to the next available benefit period. This rider will be attached to all policies where full underwriting was completed and the Full Indemnity Benefit Rider was NOT elected.

Form 11-R16 is a Coverage Enhancement Rider. This rider provides the insured, every five years, the enhancement option to increase the facility care daily benefit to reflect the seasonally adjusted consumer price index for nursing homes and adult day care. This rider will be attached to all policies where simplified underwriting was completed or where full underwriting was completed and the Full Indemnity Benefit Rider was elected.

Form 11-R14 is a Contingent Benefit Upon Lapse Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the insured may choose either a reduction of policy benefits so that premiums are not increased, or a conversion of the policy to paid-up status with a shortened benefit period. This rider will be attached to all policies that do not include the Shortened Benefit Rider.

Form 11-R15 is an International Coverage Benefit Rider. This rider provides benefits if the insured meets the requirements under the Eligibility for the Payment of Benefits section in the policy and requires qualified long term care services while outside the fifty states of the United States, the District of Columbia, or Canada.

The following endorsement is not an option at the time of application. Rather, it will be used as a counteroffer if an applicant does not meet our underwriting guidelines for both facility care and home and community care.

Form 11-E-1 is a Facility Care Only Policy Endorsement. This endorsement deletes any reference in the policy to "Home and Community Care," therefore making it a Facility Care Only Policy. This endorsement will only be used if an applicant does not meet our underwriting guidelines for both facility care and home and community care. In order to offer the applicant some level of coverage, we may offer facility care only coverage.

Several optional benefits and riders are available for inclusion in, or attachment to, the policy. With respect to the optional benefits, if an optional benefit is elected on the application, applicable language that is currently bracketed in the policy and/or riders and endorsements will appear. This also occurs in the reverse if an optional benefit is not

elected, in that applicable language that is bracketed will not appear. A statement of variability outlining these situations is attached.

Optional Benefits

Calendar Day Elimination Period This benefit credits, toward the elimination period, each day that the insured is chronically ill from the first day that the insured receives care.

Home and Community Care Monthly Benefit This benefit pays the home and community care benefit on a monthly basis rather than on a daily basis.

Monthly Indemnity Benefit This benefit provides a cash benefit amount in any month that a benefit payment is received under the facility care benefit or home and community care benefit.

Return of Premium Upon Death Benefit This benefit returns all premiums paid, less any benefits paid, to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Full Return of Premium Upon Death Benefit This benefit returns all premiums paid to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Restoration of Benefits If benefits have been paid and deducted from the maximum lifetime benefit, this rider restores the maximum lifetime benefit if, for a period of 180 consecutive days, the contract is in force, the insured is not receiving benefit payments, and the insured is no longer chronically ill. The maximum lifetime benefit may be restored an unlimited number of times.

Optional Riders

Form 11-R1 is a 3% Lifetime Compound Benefit Increase Rider. This rider provides compound 3% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 3% from the previous year's amount. The monthly indemnity benefit (if the monthly indemnity benefit option is elected) and indemnity benefit (if the full indemnity benefit rider is elected) will also be increased by 3% from the previous year's amount. Lastly, the remaining maximum lifetime benefit will be increased by 3%.

Form 11-R2 is a 4% Lifetime Compound Benefit Increase Rider. This rider provides compound 4% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 4% from the previous year's amount. The monthly indemnity benefit (if the monthly indemnity benefit option is elected) and indemnity benefit (if the full indemnity benefit rider is elected) will also be increased by 4% from the previous year's amount. Lastly, the remaining maximum lifetime benefit will be increased by 4%.

Form 11-R3 is a 5% Lifetime Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the monthly indemnity benefit option is elected) and indemnity benefit (if the full indemnity benefit rider is elected) will also be increased by 5% from the previous year's amount. Lastly, the remaining maximum lifetime benefit will be increased by 5%.

Form 11-R4 is a Two Times Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the monthly indemnity benefit option is elected) and indemnity benefit (if the full indemnity benefit rider is elected) will also be increased by 5% from the previous year's amount. Lastly, the remaining maximum lifetime benefit will be increased by 5%. These increases will occur until the current facility care daily benefit first exceeds two times the original facility care daily benefit.

Form 11-R5 is a Simple Benefit Increase Rider. This rider provides simple 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% of the amount shown on the current policy schedule. The monthly indemnity benefit (if the monthly indemnity benefit option is elected) and indemnity benefit (if the full indemnity benefit rider is elected) will also be increased by 5% of the amounts shown on the current policy schedule. Lastly, the remaining maximum lifetime benefit will increase by the same proportion as the increase in the daily benefits.

Form 11-R6 is a Paid Up at Age 65 Rider. If the insured has paid the required premium each year until the first Policy Anniversary after the insured's 65th birthday, this rider provides a paid-up contract.

Form 11-R7 is a Ten-Year Premium Payment Rider. If the insured has paid the required premium for ten policy years, this rider provides a paid-up contract.

Form 11-R8 is a Waiver of Home and Community Care Elimination Period Rider. This rider waives the requirement to satisfy the elimination period if the insured is receiving home and community care.

Form 11-R10 is a Full Indemnity Benefit Rider. This rider provides a cash benefit amount, in lieu of reimbursement of the facility care daily benefit or home and community care daily benefit, in any month that the insured is chronically ill and has satisfied the elimination period.

Form 11-R11 is a Spousal Shared Care Rider. This rider allows the insured to access the insured spouse's available benefits, up to the spousal shared care benefit amount, once the insured exhausts his or her maximum lifetime benefit. The spousal shared care benefit amount is calculated as the maximum lifetime benefit, less the total of all claims paid, [less 365 times the facility care daily benefit,] in effect at the time of claim.

Form 11-R12 is a Spousal Waiver of Premium Rider. This rider waives the insured's premium as it comes due if the insured spouse's premiums are being waived.

Form 11-R13 is a Household Discount Rider. This rider provides a premium discount if the insured is living with someone who has an in force, or is issued an, Allianz Life long term care insurance contract.

Form 11-A-FULL is the "customizable," full underwriting application for long term care insurance. The applicant may customize a plan to meet their needs.

Form 11-A-SIMP is the "customizable," simplified underwriting application for long term care insurance. The applicant may customize a plan to meet their needs.

Form 11-A-SEL-FULL is the "packages," full underwriting application for long term care insurance. For simplicity, the applicant may choose from three benefit packages.

Form 11-A-SEL-SIMP is the "packages," simplified underwriting application for long term care insurance. For simplicity, the applicant may choose from three benefit packages.

Form 11-OC-Q-FULL-VA is the "customizable," full underwriting outline of coverage. The outline of coverage provides a brief description of the important features of the policy and available riders.

Form 11-OC-Q-SIMP-VA is the "customizable," simplified underwriting outline of coverage. The outline of coverage provides a brief description of the important features of the policy and available riders.

Form 11-OC-Q-SEL-FULL-VA is the "packages," full underwriting outline of coverage. The outline of coverage provides a brief description of the important features of the policy and available riders.

Form 11-OC-Q-SEL-SIMP-VA is the "packages," simplified outline of coverage. The outline of coverage provides a brief description of the important features of the policy and available riders.

The simplified underwriting applications and outlines of coverage are only available when marketing to sponsoring employer groups. Employees are only eligible to apply if they are actively at work and have been working a minimum of 30 hours per week for the past six months. Spouses/domestic partners are only eligible to apply if their premiums will be paid by the sponsoring employer group. All policies will have the same rate class. This simplified underwriting concept is anticipated to be marketed to sponsoring employer groups with 50-250 employees.

The following riders will be used with this product and were previously approved by the Department on 10/22/2003

Form 10-R8-VA is a Shortened Benefit Rider. If the contract lapses after 3 years due to nonpayment of premium, this rider will continue coverage until the total of benefits paid, including benefits paid before lapse, equals the premiums paid. The benefit would never be less than thirty times the facility care daily benefit in effect at the time of lapse.

Form 10-R17 is a Married Discount Rider. This rider provides a premium discount if the insured is married.

Form 10-R18 is a Spousal Discount Rider. This rider provides a premium discount if both the insured and an insured spouse, with whom the insured is living and to whom the insured is married, are issued contracts.

Form 10-R21 is a Spousal Survivorship Rider. This rider provides a paid-up contract if both insureds' contracts have been in force for ten policy years and then the insured spouse dies.

For your information, as required by the Long Term Care Insurance Model Regulation, enclosed is a personal worksheet, **Form WS1**, and a potential rate increase disclosure, **Form PRD**. These forms will be provided upon solicitation and may be used with other products filed in the future.

Additional items enclosed relevant to this filing are the Actuarial Memorandum and other materials required by the Department.

The application and riders may be used with other forms filed in the future.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

Component Header

Component 10 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:53 PM
 Other Authors None
 TOI LTC031 Individual Long Term Care
 SubTOI LTC031 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-10/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Approved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04:16:36 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	3% Lifetime Compound Benefit Increase Rider, et al	Company Form Number	11-R1, et al
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	3% Lifetime Compound Benefit Increase Rider, et al		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments.

3% Lifetime Compound Benefit Increase Rider (11-R1) pdf, 4% Lifetime Compound Benefit Increase Rider (11-R2) pdf, 5% Lifetime Compound Benefit Increase Rider (11-R3) pdf, Two Times Compound Benefit Increase Rider (11-R4) pdf, Simple Benefit Increase Rider (11-R5) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

3% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition **Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.
2. [The Monthly Indemnity Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.]
3. [The Indemnity Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.]
4. The Maximum Lifetime Benefit will be increased by 3% of the Remaining Lifetime Benefit.

The annual increases will occur even if benefits are being paid.

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.

Cancellation If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy:

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

4% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider

Definition **Remaining Lifetime Benefit** on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary

Lifetime Compound Benefit Increase On each Policy Anniversary, the benefits provided by the Contract will be increased as follows

- 1 The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary
- 2 [The Monthly Indemnity Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary]
- 3 [The Indemnity Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary]
- 4 The Maximum Lifetime Benefit will be increased by 4% of the Remaining Lifetime Benefit

The annual increases will occur even if benefits are being paid

If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary

Cancellation If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

5% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition	Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary
Lifetime Compound Benefit Increase	<p>On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:</p> <ol style="list-style-type: none">1. The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.2. [The Monthly Indemnity Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.]3. [The Indemnity Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.]4. The Maximum Lifetime Benefit will be increased by 5% of the Remaining Lifetime Benefit. <p>The annual increases will occur even if benefits are being paid.</p> <p>If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.</p>
Cancellation	If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Compound Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy:

 [Signature]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

 [Signature]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

TWO TIMES COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits for a limited number of years to provide some protection against the rising cost of long term care, subject to the conditions listed below

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition	<p>Daily Benefit is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit]</p> <p>[Monthly Benefit] is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit] }</p> <p>Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary</p>
Two Times Compound Benefit Increase	<p>On each Policy Anniversary, the benefits provided by the Contract will increase as follows:</p> <ol style="list-style-type: none">1. The Daily Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.2. [The Monthly Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.]3. The Maximum Lifetime Benefit will be increased by 5% of the Remaining Lifetime Benefit. <p>Annual increases will occur each year until the current Daily Benefit [and Monthly Benefit] first exceeds two times the original Daily Benefit [and Monthly Benefit]. No increases will occur beyond this time.</p> <p>The annual increases will occur even if benefits are being paid.</p> <p>If the Facility Care Daily Benefit has been reduced since the previous Policy Anniversary, the annual increases will be based on the benefit amounts after the decrease, not the benefit amounts on the previous Policy Anniversary.</p>
Cancellation	<p>If you Cancel this Rider, you will forfeit all increases provided under the Two Times Compound Benefit Increase provision.</p>

Signed for the Company at the Home Office, and effective on the Effective Date of the policy:

 [Signature]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

 [Signature]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SIMPLE BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Simple Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

- 1 The Facility Care Daily Benefit and Home and Community Care [Daily] [Monthly] Benefit will be increased by 5% of the amount shown on the current Policy Schedule.
- 2 [The Monthly Indemnity Benefit will be increased by 5% of the amount shown on the current Policy Schedule.]
- 3 [The Indemnity Benefit will be increased by 5% of the amount shown on the current Policy Schedule.]
- 4 The Maximum Lifetime Benefit will also increase. The amount of the increase is equal to the Remaining Lifetime Benefit, multiplied by 5% of the Facility Care Daily Benefit shown on the current Policy Schedule, and divided by the Facility Care Daily Benefit before its increase in #1 above.

The annual increases will occur even if benefits are being paid.

Cancellation

If you Cancel this Rider, you will forfeit all increases provided under the Lifetime Simple Benefit Increase provision.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.



[Suzanne J. Pepin]
[Senior Vice President, Secretary]



[Mark Zesbaugh]
[President]
and Chief Legal Officer]

Component Header

Component 11 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-11/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Approved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04:16:37 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement	None	Primary Reviewer	None
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Paid Up at Age 65 Rider, et al	Company Form Number	11-R6, et al
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	Paid Up at Age 65 Rider, et al		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments

Paid Up at Age 65 Rider (11-R6) pdf, Ten Year Premium Pmt Rider (11-R7) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

PAID UP AT AGE 65 RIDER

This Rider provides you with a paid-up Contract once you have paid the required premium until age 65


The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Paid Up at Age 65 Option To renew the Contract, you must pay the premium due by the premium due date or within the Grace Period.

If you have paid the required premium each year until the first Policy Anniversary following your 65th birthday, this Rider will provide you with a paid-up Contract. Premium paid includes premium waived under the Waiver of Premium Benefit provision under the Additional Benefits section in the policy.

The Contract will then be automatically renewed for the rest of your life with no further premium due.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

TEN-YEAR PREMIUM PAYMENT RIDER

This Rider provides you with a paid-up Contract once you have paid the required premium for 10 years

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the contract except as stated in this Rider.

**Ten-Year
Premium
Payment Option**

To renew the Contract, you must pay the premium due by the premium due date or within the Grace Period.

Once you have paid the required premium for ten Policy Years, this Rider will provide you with a paid-up Contract. Premium paid includes premium waived under the Waiver of Premium Benefit provision under the Additional Benefits section in the policy.

The Contract will then be automatically renewed for the rest of your life with no further premium due.

Signed for the Company at the Home Office and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

Component Header

Component 12 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State Virginia
 State Tracking # 7/26102
 Component Status Approved
 (State)
 Disposition Date None
 Implementation None
 Date
 Deemer Date None
 Effective Date None
 Requirement None
 Status

SERFF Tracking # SERT-6L7NDC243/00-12/00-00/00
 Component Status Assigned to Reviewer
 (SERFF)
 Delivery Date 01/19/2006 04 16 36 PM
 Reviewer Mary Ann Mason, Bob Grissom,
 [Receiver]
 Reviewer Phone None
 Reviewer Fax None
 Primary Reviewer None

Component Information:

Component Type Form
 Lead Form Number 11-P-Q-VA
 Form Title Waiver of HCC
 Elimination Period
 Rider
 Readability Score see cert
 Requirement N/A
 Satisfied
 Brief Description Waiver of HCC Elimination Period Rider
 Filer's Notes None
 Document(s) None

Component Action Initial
 State Specific Code None
 Company Form Number 11-R8

Replaces Form N/A
 Number

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North
 America

Contact

Smasal, Tammy

File Attachments: Waiver of HCC Elimination Period Rider (11-R8) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD RIDER

This Rider waives the Elimination Period if you are receiving Home and Community Care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Home and Community
Care Waiver of
Elimination Period
Benefit**

The Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

You must satisfy the remainder of the Elimination Period, if any, to be eligible for Benefit Payments under the Facility Care Benefit.

If you have fully satisfied the Elimination Period for the Facility Care Benefit, the premium charge for this Rider will cease.

**Waiver of Premium
Benefit**

If you are Chronically Ill, we will waive your premium as it comes due beginning with the first premium due after the first day that you receive Home and Community Care.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

Component Header

Component 13 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State Virginia
 State Tracking # 7/26102
 Component Status Approved
 (State)
 Disposition Date None
 Implementation None
 Date
 Deemer Date None
 Effective Date None
 Requirement None
 Status

SERFF Tracking # SERT-6L7NDC243/00-13/00-00/00
 Component Status Assigned to Reviewer
 (SERFF)
 Delivery Date 01/19/2006 04 16 37 PM
 Reviewer Mary Ann Mason, Bob Grissom,
 [Receiver]
 Reviewer Phone None
 Reviewer Fax None
 Primary Reviewer None

Component Information:

Component Type Form
 Lead Form Number 11-P-Q-VA
 Form Title Coverage Enhancement
 Rider
 Readability Score see cert
 Requirement N/A
 Satisfied
 Brief Description Coverage Enhancement Rider
 Filer's Notes None
 Document(s) None

Component Action Initial
 State Specific Code None
 Company Form Number 11-R9, 11-R16
 Replaces Form N/A
 Number

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North
 America

Contact

Smasal, Tammy

File Attachments.

Coverage Enhancement Rider (11-R9) pdf, Coverage Enhancement Rider
 (simp uw) (11-R16) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

COVERAGE ENHANCEMENT RIDER

This Rider provides you the option, every five years, to enhance your coverage without underwriting.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definitions

Daily Benefit is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit]

[Monthly Benefit is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit]]

Option Date is the fifth Policy Anniversary, and each subsequent fifth Policy Anniversary

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary

Enhancement Options

On the Option Date, any of the following Enhancement Options are available without underwriting at an additional premium

- 1 Increase the Daily Benefit [and Monthly Benefit] to reflect the increase in the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care (Consumer Price Index). The increase in the Consumer Price Index for the first Option Date is for the five-year period shown on the Policy Schedule. The same months will be used in determining the five-year period for subsequent Option Dates.

The increase in the Daily Benefit [and Monthly Benefit], if any, is the amount that will make the cumulative increase in the Daily Benefit [and Monthly Benefit], for the five-year period ending on the Option Date, the lesser of the increase in the Consumer Price Index or [50%], but not less than [15%].

The Maximum Lifetime Benefit will increase by the same percentage of the Remaining Lifetime Benefit.

If the publication of the Consumer Price Index is discontinued or if its calculation is changed substantially, we will substitute a comparable index.

- 2 Decrease the Elimination Period to the next available Elimination Period, and
- 3 Increase the Benefit Period to the next available Benefit Period. However, the Benefit Period may not be increased to the Lifetime Benefit Period.


The Enhancement Options must be elected in writing on the form that we provide. The amount of the premium increase will be indicated on this form. This form will be sent to you at least 60 days before the Option Date and must be returned to us at our Home Office at least 30 days before the Option Date.

The Enhancement Options will not be available if you were Chronically Ill or received any Benefit Payments in the two years before the Option Date.

Termination

This Rider will terminate on the Coverage Enhancement Rider Termination Date shown on the current Policy Schedule. Any future coverage enhancements will be subject to underwriting approval.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

COVERAGE ENHANCEMENT RIDER

This Rider provides you the option, every five years, to enhance your coverage without underwriting

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definitions

Daily Benefit is the Facility Care Daily Benefit [and Home and Community Care Daily Benefit]

[Monthly Benefit] is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit]

Option Date is the fifth Policy Anniversary, and each subsequent fifth Policy Anniversary

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary

Enhancement Option

On the Option Date, the following Enhancement Option is available without underwriting at an additional premium:

Increase the Daily Benefit [and Monthly Benefit] to reflect the increase in the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care (Consumer Price Index). The increase in the Consumer Price Index for the first Option Date is for the five-year period shown on the Policy Schedule. The same months will be used in determining the five-year period for subsequent Option Dates.

The increase in the Daily Benefit [and Monthly Benefit], if any, is the amount that will make the cumulative increase in the Daily Benefit [and Monthly Benefit], for the five-year period ending on the Option Date, the lesser of the increase in the Consumer Price Index or [50%], but not less than [15%].

The Maximum Lifetime Benefit will increase by the same percentage of the Remaining Lifetime Benefit.

If the publication of the Consumer Price Index is discontinued or if its calculation is changed substantially, we will substitute a comparable index.


This Enhancement Option must be elected in writing on the form that we provide. The amount of the premium increase will be indicated on this form. This form will be sent to you at least 60 days before the Option Date and must be returned to us at our Home Office at least 30 days before the Option Date.

This Enhancement Option will not be available if you were Chronically Ill or received any Benefit Payments in the two years before the Option Date.

Termination

This Rider will terminate on the Coverage Enhancement Rider Termination Date shown on the current Policy Schedule. Any future coverage enhancements will be subject to underwriting approval.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

Component Header

Component 14 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-14/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Approved	(SERFF)	
(State)		Delivery Date	01/19/2006 04 16 38 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Full Indemnity Benefit Rider	Company Form Number	11-R10
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	Full Indemnity Benefit Rider		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments Full Indemnity Benefit Rider (11-R10) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FULL INDEMNITY BENEFIT RIDER

This Rider provides a monthly cash benefit in lieu of reimbursement of the Facility Care Daily Benefit and Home and Community Care Daily Benefit, subject to the conditions listed below

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition **Indemnity Benefit** is equal to 30 times the Facility Care Daily Benefit. The Indemnity Benefit amount is shown on the Policy Schedule.

Indemnity Benefit In any month that you are Chronically Ill and have satisfied the Elimination Period, we will pay the Indemnity Benefit. When filing a claim for this benefit, you are not required to submit applicable statements and bills for covered care services, however, all other written proof as described in the Proof of Loss and Continued Proof of Loss provisions under the Claim Procedures section in the policy must be provided. The Indemnity Benefit is in lieu of reimbursement of the Facility Care Daily Benefit and Home and Community Care Daily Benefit for actual expenses incurred.

All references in the Contract to benefits being payable up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit do not apply.

All benefits paid under the Indemnity Benefit accumulate toward the Maximum Lifetime Benefit.

Important Tax Notice Benefits paid directly to the insured and not determined by the expenses incurred may be subject to taxation by the Internal Revenue Service and may cause this Contract to lose its status as a federally tax-qualified long term care insurance contract.

Exclusions No benefits will be payable for the Respite Care Benefit, Bed Reservation Benefit, Caregiver Training Benefit, Alternative Plan of Care Benefit, and Care Coordination Advisor Benefit if this Rider is attached to the policy.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

 [Signature]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

 [Signature]

[Mark Zesbaugh]
[President]

Component Header

Component 15 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-15/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Approved	(SERFF)	
(State)		Delivery Date	01/19/2006 04:16:38 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Spousal Shared Care Rider, et al	Company Form Number	11-R11, et al
Readability Score	see cert	Replaces Form Number	N/A
Requirement	N/A		
Satisfied			
Brief Description	Spousal Shared Care Rider, et al		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North
 America

Contact

Smasal, Tammy

File Attachments.

Spousal Shared Care Rider (11-R11) pdf, Spousal Waiver Rider
 (11-R12) pdf, Household Discount Rider (11-R13) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL SHARED CARE RIDER

This Rider allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition	Spousal Shared Care Benefit Amount is equal to the Maximum Lifetime Benefit, less the total of all claims paid, [less 365 times the Facility Care Daily Benefit,] in effect at the time of claim. This amount will be disclosed on the consent form.
Spousal Shared Care Benefit	<p>If you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent form, up to their spousal shared care benefit amount.</p> <p>If the Insured Spouse exhausts his/her maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent form, up to the Spousal Shared Care Benefit Amount.</p>
Death of Insured Spouse	Upon receipt of proof of death of the Insured Spouse, we will increase the Maximum Lifetime Benefit by the amount of the Insured Spouse's spousal shared care benefit amount, if any. We will provide you with written verification of the new Maximum Lifetime Benefit. Your premium will remain unchanged.
Cancellation	This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.
Termination	This Rider will terminate and coverage under this Rider will end on the earliest of: (a) the date of Cancellation of this Rider, (b) the date the Insured Spouse cancels their Spousal Shared Care Rider, (c) the date of Termination of the Spousal Discount Rider, or (d) the date of termination of the Insured Spouse's Spousal Discount Rider.
Restoration of Benefits	The Restoration of Benefits option does not extend to this Rider. If the Restoration of Benefits option is included in the Contract, the Maximum Lifetime Benefit will only be restored to the extent that you have accessed benefits under the Contract subject to the provisions of the Restoration of Benefits option. Benefits accessed under the Contract by the Insured Spouse will not be restored.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL WAIVER OF PREMIUM RIDER

This Rider waives your premium as it comes due if your spouse's premiums are being waived, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Spousal Waiver Benefit If the Insured Spouse's premiums are being waived, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Cancellation This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

Termination This Rider will terminate and coverage under this Rider will end on the earliest of
(a) the date of Cancellation of this Rider,
(b) the date the Insured Spouse cancels their Spousal Waiver of Premium Rider,
(c) the date of Termination of the Spousal Discount Rider, or
(d) the date of termination of the Insured Spouse's Spousal Discount Rider.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

HOUSEHOLD DISCOUNT RIDER

This Rider provides a premium discount because you are living with someone who has or is issued an Allianz Life Insurance Company of North America long term care insurance Contract, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition Household Insured is someone with whom you are living who has or is issued an Allianz Life Insurance Company of North America long term care insurance Contract that is still In Force.

Household Discount Benefit This Rider provides a premium discount because you are living with a Household Insured.

The Household Discount Rider will not terminate due to the death of the Household Insured while the Contract is In Force.

Cancellation This Rider must be cancelled if you are no longer living with the Household Insured, except due to the death of the Household Insured while the Contract is In Force, by providing written notice of Cancellation to us.

Termination This Rider will terminate and coverage under this Rider will end on the earliest of
(a) the date of Cancellation of this Rider,
(b) the date the Household Insured cancels their Household Discount Rider,
(c) the date the Contract Terminates, or
(d) the date the Household Insured's contract terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Household Discount Benefit.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy.


[Signature]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]


[Signature]

[Mark Zesbaugh]
[President]

Component Header

Component 16 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State Virginia
 State Tracking # 7/26102
 Component Status Approved
 (State)
 Disposition Date None
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 Requirement Status None

SERFF Tracking # SERT-6L7NDC243/00-16/00-00/00
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 (SERFF)
 Delivery Date 01/19/2006 04 16 39 PM
 Reviewer Mary Ann Mason, Bob Grissom,
 [Receiver]
 Reviewer Phone None
 Reviewer Fax None
 Primary Reviewer None

Component Information:

Component Type Form
 Lead Form Number 11-P-Q-VA
 Form Title Contingent Benefit Upon
 Lapse Rider
 Readability Score see cert
 Requirement Satisfied N/A
 Brief Description Contingent Benefit Upon Lapse Rider
 Filer's Notes None
 Document(s) None

Component Action Initial
 State Specific Code None
 Company Form Number 11-R14
 Replaces Form Number N/A

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North
 America

Contact

Smasal, Tammy

File Attachments: Contingent Benefit Upon Lapse Rider (11-R14).pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CONTINGENT BENEFIT UPON LAPSE RIDER

This Rider provides benefits if a substantial premium increase occurs, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition **Substantial Premium Increase** is an increase in the premium rates under the Contract, which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, plus the annual premium for any increases to coverage elected by you, as set forth in the Triggers for Substantial Premium Increase Table on the next page. We will notify you in writing at least 60 days before your premium changes.

Contingent Benefit Upon Lapse If the Contract has been In Force, and we increase the premium rates under the Contract, which results in a Substantial Premium Increase, then the following options are available under the Contract:

1. The Facility Care Daily Benefit and/or the Benefit Period shown on the current Policy Schedule may be reduced as described in the "Right to Reduce Benefits" provision under the General Policy Provisions section in the policy, or
2. The Contract may be converted to a paid-up status with the Shortened Benefit Period described below. This option may be elected at any time within 120 days of a Substantial Premium Increase, as described above. In addition, if the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Shortened Benefit Period Your coverage will continue and the Facility Care Daily Benefit will be payable based on the Facility Care Daily Benefit shown on the Policy Schedule, and any previous increases due to a benefit increase Rider, in effect on the date of conversion to a paid-up status or Lapse. No further benefit increases will occur under any benefit increase Rider, if attached to the policy.

The Maximum Lifetime Benefit becomes equal to the greater of (a) the total of premiums paid for the policy and all Riders, or (b) thirty times the Facility Care Daily Benefit in effect on the date of conversion to a paid-up status or Lapse. This adjusted benefit amount replaces the Maximum Lifetime Benefit in effect on the date of conversion to a paid-up status or Lapse. Any benefits paid to you after the Contract is converted to a paid-up status or Lapses will be subtracted from this new Maximum Lifetime Benefit.

Your coverage under this Rider is subject to the same policy benefit provisions, Elimination Period, Limitations and Exclusions, and all other provisions of the policy and attached Riders and Endorsements that were in effect prior to the date of conversion to a paid-up status or Lapse, except any benefit increase Rider, if attached to the policy.

Triggers for Substantial Premium Increases Table

Issue Age	Percent Increase Over Initial Premium
18-29	200%
30-34	190
35-39	170
40-44	150
45-49	130
50-54	110
55-59	90
60	70
61	66
62	62
63	58
64	54
65	50
66	48
67	46
68	44
69	42
70	40
71	38
72	36
73	34
74	32
75	30
76	28
77	26
78	24
79	22
80	20
81	19
82	18
83	17
84	16

Signed for the Company at the Home Office, and effective on the Effective Date of the policy

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Mark Zesbaugh]
[President]

Component Header

Component 17 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

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 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-17/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Approved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04 16 39 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement	None	Primary Reviewer	None
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	International Coverage Benefit Rider	Company Form Number	11-R15
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	International Coverage Benefit Rider		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments International Coverage Benefit Rider (11-R15) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

INTERNATIONAL COVERAGE BENEFIT RIDER

This Rider provides benefits if you are outside the fifty states of the United States, the District of Columbia, or Canada, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definitions **International Coverage Maximum Lifetime Benefit** is the total amount we will pay in your lifetime for all benefits, other than the Waiver of Premium Benefit, provided under the International Coverage Benefit. The International Coverage Maximum Lifetime Benefit is shown on the current Policy Schedule.

International Coverage Remaining Lifetime Benefit on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit, if any, on the previous Policy Anniversary less the total of all applicable claims paid up to the current Policy Anniversary.

International Coverage Benefit If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract, while you are outside the fifty states of the United States, the District of Columbia, or Canada, we will pay the International Coverage Benefit if:

- (a) You are in a designated country as defined in the Visa Waiver Program (VWP),
- (b) You are eligible for Benefit Payments,
- (c) You provide us with Proof of Loss and a properly completed Claim Form,
- (d) You provide us with a written certification, completed within the previous 12 months by a similarly accredited Physician or Registered Professional Nurse, verifying that you are Chronically Ill, and
- (e) You provide us with a written Plan of Care.

For Qualified Long Term Care Services received outside the fifty states of the United States, the District of Columbia, or Canada, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care [Daily] [Monthly] Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section in the policy.

All benefits paid under the International Coverage Benefit accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. No further benefits will be paid under the International Coverage Benefit once the Maximum Lifetime Benefit or the International Coverage Maximum Lifetime Benefit has been exhausted.

All required documentation must be provided to us in English. Any benefits paid will be paid in United States currency.

Under this Rider, no benefits will be payable for the following optional benefits or Riders, if attached to the policy: Monthly Indemnity Benefit, Restoration of Benefits, Waiver of Home and Community Care Elimination Period Rider, Full Indemnity Benefit Rider, Spousal Shared Care Rider, and Spousal Waiver of Premium Rider.

For a list of designated countries, as defined in the Visa Waiver Program, please write or call us at the address or telephone number shown on the first page of the policy. If the Visa Waiver Program is discontinued, the succeeding, or a similar, program will apply.

**Compound
Benefit Increase
Riders**

If there is a compound benefit increase Rider attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Maximum Lifetime Benefit will be increased by the applicable percentage of the International Coverage Remaining Lifetime Benefit. Any limits or increases specified by the compound benefit increase Rider also apply to increases to the International Coverage Maximum Lifetime Benefit. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

**Simple Benefit
Increase Rider**

If the Simple Benefit Increase Rider is attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased:

The amount of the increase is equal to the International Coverage Remaining Lifetime Benefit multiplied by 5% of the Facility Care Daily Benefit shown on the current Policy Schedule, and divided by the Facility Care Daily Benefit before its concurrent increase. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

Signed for the Company at the Home Office, and effective on the Effective Date of the policy:

[

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[

[Mark Zesbaugh]
[President]

Component Header

Component 18 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-18/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Approved	(SERFF)	
Disposition Date	None	Delivery Date	01/19/2006 04:16:39 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement	None	Primary Reviewer	None
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Facility Care Only Policy Endorsement	Company Form Number	11-E-1
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	Facility Care Only Policy Endorsement		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: Facility Care Only Policy Endorsement (11-E-1) pdf

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FACILITY CARE ONLY POLICY ENDORSEMENT

This Endorsement deletes any reference in the policy to "Home and Community Care," thus making it a Facility Care Only policy.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Cover Page	The provision titled "This Contract Covers Qualified Long Term Care Services" is revised to read as follows: "Qualified Long Term Care Services are defined as care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit."
Guide to Policy Benefits and Provisions	The reference to the "Home and Community Care Benefit" section is deleted. In addition, the following references to provisions under the "Home and Community Care Benefit" section are deleted: "Home Health Care Services," "Adult Day Services," and "Hospice Care Services."
Eligibility for the Payment of Benefits Section	The reference to the "Home and Community Care Daily Benefit" in the "Benefit Payments" provision is deleted.
Home and Community Care Benefit Section	This entire section is deleted.
Additional Benefits Section	Letter (b) with respect to "Home and Community Care" and the "Home and Community Care Daily Benefit" in the "Respite Care Benefit" provision is deleted. [The reference to the "Home and Community Care Benefit" in the "Monthly Indemnity Benefit" provision is deleted.]
General Policy Provisions Section	The reference to the "Home and Community Care Daily Benefit" in the "Right to Reduce Benefits" provision is deleted.
Glossary Section	The reference to "Home and Community Care" in the "Elimination Period" definition is deleted.
Riders and Endorsements	Any references to "Home and Community Care" in any Riders or Endorsements attached to the policy are deleted.

Signed for the Company at the Home Office and effective on the Effective Date of the policy

 [Signature]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

 [Signature]

[Mark Zesbaugh]
[President]

Component Header

Component 19 - Rev 00
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 [Receiver]
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 Other Authors None
 TOI LTC031 Individual Long Term Care
 SubTOI LTC031 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-19/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Received & Acknowledged	Delivery Date	01/19/2006 04:16:40 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Outlines of Coverage		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-OC-Q-FULL-VA pdf, 11-OC-Q-SIMP-VA pdf, 11-OC-Q-SEL-FULL-VA pdf, 11-OC-Q-SEL-SIMP-VA pdf

Component Header

Component 20 - Rev 00
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 Company List Allianz Life Insurance Company

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 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

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State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-20/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	01/19/2006 04 16 40 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Statement of Variability		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: Generic Statement of Variability pdf

Statement of Variability
Allianz Life Insurance Company of North America

Policy (11-P-Q)

Page #	Variable	Rationale
1	Company Address and Telephone Number	If the company were to move, the new address and telephone number would be inserted
1	Signature, Name, and Title of Company Officers	If the company officers were to change, the new company officers' signatures and names would be inserted
2	Monthly Indemnity Benefit	If the Monthly Indemnity Benefit option is elected, such provision title would appear
2	Return of Premium Upon Death Benefit	If the Return of Premium Upon Death Benefit option is elected, such provision title would appear
2	Full Return of Premium Upon Death Benefit	If the Full Return of Premium Upon Death Benefit option is elected, such provision title would appear
2	Restoration of Benefits	If the Restoration of Benefits option is elected, such provision title would appear
4	Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear. If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear
8	Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear. If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear
11	Monthly Indemnity Benefit	If the Monthly Indemnity Benefit option is elected, then this provision will appear
12	Return of Premium Upon Death Benefit	If the Return of Premium Upon Death Benefit option is elected, then this provision will appear
12	Full Return of Premium Upon Death Benefit	If the Full Return of Premium Upon Death Benefit option is elected, then this provision will appear
12	Restoration of Benefits	If the Restoration of Benefits option is elected, then this provision will appear
13	, except as described in the International Coverage Benefit Rider	At this time, this rider is included with all policies. In the future, if we decide to no longer offer this benefit, any newly issued policies will not include such language
19	However, for Home and Community Care Benefits, only an amount up to [30 times] the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit	If the 130% Home and Community Care Benefit option is elected, then this language will appear. If the 70% or 100% Home and Community Care Benefit options are elected, then this language will NOT appear "30 times" is bracketed within this sentence to accommodate the Home and Community Care Monthly Benefit option. If the Home and Community Care Monthly Benefit option is elected, then "30 times" will appear. If the Home and Community Care Monthly Benefit option is NOT elected, then "30 times" will NOT appear

Page #	Variable	Rationale
19	Any benefits paid before a Restoration of Benefits will not accumulate toward the restored Maximum Lifetime Benefit	If the Restoration of Benefits option is elected, then this language will appear If the Restoration of Benefits option is NOT elected, then this language will NOT appear
19	Monthly Indemnity Benefit	If the Monthly Indemnity Benefit option is elected, then this language will appear If the Monthly Indemnity Benefit option is NOT elected, then this language will NOT appear
19	Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear
20	Elimination Period {service day definition}	If the Calendar Day Elimination Period option is NOT elected, then this definition will appear FYI – The term "{service day definition}" will never appear It only appears in this filed form to distinguish it from the other bracketed EP definition
20	Elimination Period {calendar day definition}	If the Calendar Day Elimination Period option is elected, then this definition will appear FYI – The term "{calendar day definition}" will never appear It only appears in this filed form to distinguish it from the other bracketed EP definition
23	Company Address and Telephone Number	If the company were to move, the new address and telephone number would be inserted

Policy Schedule (11-PS-Q)

Variable	Rationale
Facility Care Daily Benefit	Minimum - \$25 Maximum - \$500
Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear
Home and Community Care Daily Benefit Calculation	Facility Care Daily Benefit shown on the Policy Schedule times Home and Community Care Benefit percentage elected on the application
Home and Community Care Daily Benefit	Minimum - \$17.50 Maximum - \$650
Home and Community Care Monthly Benefit Calculation	Facility Care Daily Benefit shown on the Policy Schedule times Home and Community Care Benefit percentage elected on the application times 30
Home and Community Care Monthly Benefit	Minimum - \$525 Maximum - \$19,500
Maximum Caregiver Training Benefit Calculation	5 times Facility Care Daily Benefit elected on the application
Maximum Caregiver Training Benefit	Minimum - \$250 Maximum - \$2,500
Maximum Lifetime Benefit Calculation	Facility Care Daily Benefit elected on the application times Benefit Period elected on the application times 365
Maximum Lifetime Benefit	Minimum - \$36,500 Maximum - Lifetime
Elimination Period	Minimum – 7 days Maximum – 365 days
Respite Facility Care Daily Benefit	Minimum - \$50 Maximum - \$500

Variable	Rationale
Respite Home and Community Care Daily Benefit	Minimum - \$35 Maximum - \$650
Optional Benefits Elected	Any optional benefits elected will appear here
Optional Benefits	Any optional benefits that have a benefit amount associated with them will appear here, e g Monthly Indemnity Benefit
Monthly Indemnity Benefit Calculation	Facility Care Daily Benefit elected on the application times Monthly Indemnity Benefit percentage elected on the application times 30
Monthly Indemnity Benefit	Minimum - \$150 Maximum - \$7,500
Rider Benefits Elected	Any rider benefits elected will appear here
Rider Benefits	Any rider benefits that have a benefit amount associated with them will appear here, e g Full Indemnity Benefit Rider, International Coverage Maximum Lifetime Benefit
Full Indemnity Benefit Calculation	Facility Care Daily Benefit elected on the application times 30
Full Indemnity Benefit	Minimum - \$1,500 Maximum - \$7,500
International Coverage Maximum Lifetime Benefit Calculation	Facility Care Daily Benefit elected on the application times 70% times 730
International Coverage Maximum Lifetime Benefit	Minimum - \$25,550 Maximum - \$255,500
Cost of Benefits	<ul style="list-style-type: none"> • The cost of the base policy will always appear • If riders and/or optional benefits are elected, then the cost of just those riders and optional benefits will appear on its own line • If riders and/or optional benefits are elected, then the total cost of the base policy plus the cost of the riders and optional benefits will appear on its own line
Premium Summary	<ul style="list-style-type: none"> • The mode of payment will appear on its own line, which will be one of the following annual, semi-annual, quarterly, monthly EFT, monthly bill, or monthly credit card • The modal premium will appear on its own line • What the premium would be at all of the different modes of payment appear in this section
General Policy Information	General policy information, which varies with each insured, except for "Duplicate Contract Fee," which at a minimum will be \$25 and at a maximum will be \$100

**3% (11-R1), 4% (11-R2), 5%(11-R3) Compound Benefit Increase Riders
and Simple Benefit Increase Rider (11-R5)**

Variable	Rationale
Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear
The Monthly Indemnity Benefit will be increased by [x]% of the amount in effect on the previous Policy Anniversary	If the Monthly Indemnity Benefit option is elected, then this language will appear If the Monthly Indemnity Benefit option is NOT elected, then this language will NOT appear

Variable	Rationale
The Indemnity Benefit will be increased by [x]% of the amount in effect on the previous Policy Anniversary	If the Full Indemnity Benefit Rider is elected, then this language will appear If the Full Indemnity Benefit Rider is NOT elected, then this language will NOT appear

Two Times Compound Benefit Increase Rider (11-R4)

Variable	Rationale
Monthly Benefit is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit]	<ul style="list-style-type: none"> • If the Home and Community Care Monthly Benefit option is elected, then “Home and Community Care Monthly Benefit” will appear • If the Monthly Indemnity Benefit option is elected, then “Monthly Indemnity Benefit” will appear • If the Full Indemnity Benefit Rider is elected, then “Indemnity Benefit” will appear • If the Home and Community Care Monthly Benefit option and EITHER the Monthly Indemnity Benefit option OR Full Indemnity Benefit Rider are elected, then “and” will appear • The Monthly Indemnity Benefit option and Full Indemnity Benefit Rider CANNOT be elected together
The Monthly Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary	If the Home and Community Care Monthly Benefit option, Monthly Indemnity Benefit option, and/or Full Indemnity Benefit Rider is elected, then this language will appear
and Monthly Benefit	If the Home and Community Care Monthly Benefit option, Monthly Indemnity Benefit option, and/or Full Indemnity Benefit Rider is elected, then this language will appear

Coverage Enhancement Rider (11-R9)

Variable	Rationale
Monthly Benefit is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit]	<ul style="list-style-type: none"> • If the Home and Community Care Monthly Benefit option is elected, then “Home and Community Care Monthly Benefit” will appear • If the Monthly Indemnity Benefit option is elected, then “Monthly Indemnity Benefit” will appear • If the Home and Community Care Monthly Benefit option and the Monthly Indemnity Benefit option are elected, then “and” will appear
and Monthly Benefit	If the Home and Community Care Monthly Benefit option and/or Monthly Indemnity Benefit option is elected, then this language will appear
50%	Minimum – 25% Maximum – 50%
15%	Minimum – 0% Maximum – 25%

Spousal Shared Care Rider (11-R11)

Variable	Rationale
less 365 times the Facility Care Daily Benefit,	In the future, we may wish to limit the "Spousal Shared Care Benefit Amount" by subtracting one year from the remaining Maximum Lifetime Benefit Amount. If this option is chosen, it would only apply to newly issued policies.

International Coverage Benefit Rider (11-R15)

Variable	Rationale
Home and Community Care [Daily] [Monthly] Benefit	If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear. If the Home and Community Care Monthly Benefit option is NOT elected, then "Home and Community Care Daily Benefit" will appear.

Coverage Enhancement Rider (11-R16)

Variable	Rationale
Monthly Benefit is the [Home and Community Care Monthly Benefit] [and] [Monthly Indemnity Benefit] [Indemnity Benefit]	<ul style="list-style-type: none"> • If the Home and Community Care Monthly Benefit option is elected, then "Home and Community Care Monthly Benefit" will appear. • If the Monthly Indemnity Benefit option is elected, then "Monthly Indemnity Benefit" will appear. • If the Full Indemnity Benefit Rider is elected, then "Indemnity Benefit" will appear. • If the Home and Community Care Monthly Benefit option and EITHER the Monthly Indemnity Benefit option OR Full Indemnity Benefit Rider are elected, then "and" will appear. • The Monthly Indemnity Benefit option and Full Indemnity Benefit Rider CANNOT be elected together.
and Monthly Benefit	If the Home and Community Care Monthly Benefit option and/or Monthly Indemnity Benefit option is elected, then this language will appear.
50%	Minimum – 25% Maximum – 50%
15%	Minimum – 0% Maximum – 25%

Facility Care Only Policy Endorsement (11-E-1)

Variable	Rationale
The reference to the "Home and Community Care Benefit" in the "Monthly Indemnity Benefit" provision is deleted.	If the Monthly Indemnity Benefit option is elected, then this language will appear. If the Monthly Indemnity Benefit option is NOT elected, then this language will NOT appear.

Outlines of Coverage (11-OC-Q-FULL & 11-OC-Q-SIMP)

Page #	Variable	Rationale
1	Company Address and Telephone Number	If the company were to move, the new address and telephone number would be inserted
6	, except as described in the International Coverage Benefit Rider	At this time, this rider is included with all policies. In the future, if we decide to no longer offer this benefit, any newly issued policies will not include such rider, and the outline will not include this language
7	Elimination Period	In the future, we may decide to add additional elimination periods or delete existing elimination periods. Any revisions would only apply to newly issued policies
7	Maximum Facility Care Daily Benefit	In the future, we may decide to increase or decrease the facility care daily benefit amount range. Any revisions would only apply to newly issued policies
7	Benefit Period	In the future, we may decide to add additional benefit periods or delete existing benefit periods. Any revisions would only apply to newly issued policies
7	Premium Payment Mode	In the future, we may decide to add additional premium payment modes or delete existing premium payment modes. Any revisions would only apply to newly issued policies
9	International Coverage Benefit Rider	At this time, this rider is included with all policies. In the future, if we decide to no longer offer this benefit, any newly issued policies will not include such rider, and the outline will not include this provision

Outlines of Coverage (11-OC-Q-SEL-FULL & 11-OC-Q-SEL-SIMP)

Page #	Variable	Rationale
1	Company Address and Telephone Number	If the company were to move, the new address and telephone number would be inserted
6	, except as described in the International Coverage Benefit Rider	At this time, this rider is included with all policies. In the future, if we decide to no longer offer this benefit, any newly issued policies will not include such rider, and the outline will not include this language
7	Maximum Facility Care Daily Benefit	In the future, we may decide to increase or decrease the facility care daily benefit amount range. Any revisions would only apply to newly issued policies
7	Benefit Period	In the future, we may decide to add additional benefit periods or delete existing benefit periods. Any revisions would only apply to newly issued policies
7	Premium Payment Mode	In the future, we may decide to add additional premium payment modes or delete existing premium payment modes. Any revisions would only apply to newly issued policies
9	International Coverage Benefit Rider	At this time, this rider is included with all policies. In the future, if we decide to no longer offer this benefit, any newly issued policies will not include such rider, and the outline will not include this provision

Component Header

Component 21 - Rev 00
 Created by Tammy Smasal on 01/19/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03 57 53 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-21/00-00/00
State Tracking #	7/26102	Component Status	Assigned to Reviewer
Component Status (State)	Disapproved	Delivery Date	01/19/2006 04 16 40 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Personal Worksheet & Potential Rate Increase Disclosure		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments:

Generic Personal Worksheet (WS1) pdf, Generic Potential Rate Increase Disclosure (PRD) pdf



**Long Term Care Insurance
Potential Rate Increase Disclosure Form**

1. **Premium Rate** The premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is \$[_____]
2. **The premium for this policy will be shown on the schedule page of your policy.**
3. **Rate Schedule Adjustments:** Premium rate adjustments will be effective on the next policy anniversary date
4. **Potential Rate Revisions***

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may increase based, by class for everyone in your state, on the experience of this policy form. We will notify you in writing at least 60 days before your premium changes.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is
- Reduce your policy benefits to a level such that your premiums will not increase (Subject to state law minimum standards)
- Exercise your nonforfeiture option if purchased (This option is available for purchase for an additional premium)
- Exercise your contingent nonforfeiture rights* (This option may be available if you do not purchase a separate nonforfeiture option)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table, and
- You lapse (not pay more premiums) within 120 days of the increase

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums)
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy)

**Contingent Nonforfeiture
Cumulative Premium Increase Over Initial Premium
that qualifies for Contingent Nonforfeiture**

(Percentage increase is cumulative from the date of original issue It does NOT represent a one-time increase)

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%

Component Header

Component 22 - Rev 00
 Created by Tammy Smasal on 03/15/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-22/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status (State)	Received & Acknowledged	(SERFF)	
Disposition Date	None	Delivery Date	03/15/2006 12:58:58 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	None		
Brief Description	Response to 02/13/2006 Problem Report		
Filer's Notes	Please see the attached letter and revised uniform transmittal document. The uniform transmittal document was revised to indicate the updated form numbers of the applications.		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments:

VA GenPro II Response Letter pdf, VA transmittal (uniform) pdf, VA uniform transmittal extra pages_2_.pdf

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



March 15, 2006

Mary Ann Mason, Senior Insurance Market Examiner
State Corporation Commission, Bureau of Insurance
Forms and Rates Section, Life and Health Division
PO Box 1157
Richmond, VA 23218

RE. **Our Submission Dated January 19, 2006**
 SERT-6L7NDC243/00
 Submission No. 007 0000026102
 Form No: 11-P-Q-VA, et al

Dear Ms. Mason

In response to your correspondence dated February 13, 2006, the following restates and addresses your concerns in the order they were presented

Please include the definition of "adult day care" that is expressed in 14 VAC 5-200-50.

Please refer to the "Adult Day Services" definition under the Home and Community Care Benefit section in the policy. This definition includes all of the elements expressed in 14 VAC 5-200-50.

All provisions that require the individual to submit proof of licensure, certification, or accreditation of a facility must be removed. The individual is only responsible for submitting written proof of loss under Section 38.2-3503 7.

The policy has been revised to move the information previously included under the "Proof of Loss for Facility Care Benefits" and "Proof of Loss for Home and Community Care Benefits" provisions to the "Eligible Facility Care Expenses" and "Eligible Home and Community Care Expenses" provisions. This language has also been revised to clarify that the Nursing Facility/Assisted Living Facility and Home and Community Care provider must provide the necessary items. Please replace the policy under CH03 with this attached policy.

The claim form provision (as well as the first paragraph in the proof of loss provision) is more restrictive than Section 38.2-3503 6 by requesting items other than a written statement as to the nature and extent of the loss.

In providing a list of items that the letter should include, we are clarifying what "nature and extent of the loss" means. We do not feel that the average person would know what type of information they should include if we simply say "nature and extent of the loss," so, in being specific, it makes it easier for the insured, as well as the company. Providing this list will also reduce the amount of time in which a claim is processed, as, hopefully, we'll receive the necessary information up front rather than requesting it after we receive the insured's letter.

In the proof of loss and continued proof of loss provisions, the ending statement should be based on "...no later than one year from the time specified," as in Section 38.2-3503 7. Also, proof of loss should be limited to "written proof of loss" and not personal interviews, assessments, and any other proof you deem necessary.

In accordance with Section 38.2-3503 7, the "Proof of Loss" and "Continued Proof of Loss" provisions under the Claim Procedures section in the policy have been revised to state that "the required Proof of Loss/Continued Proof of Loss must be given to us no later than one year from the time specified." Please replace the policy under CH03 with this attached policy.

With respect to proof of loss being limited to "written proof of loss" and not personal interviews, assessments, and other proof we deem necessary, the "Proof of Loss" and "Continued Proof of Loss" provisions under the Claim Procedures section in the policy have been revised to delete "or an assessment of you" in item (a) and item (d) which read as follows: "any other proof we deem necessary." Please replace the policy under CH03 with this attached policy.

We have not deleted the language with respect to "personal interviews," as such interviews often provide valuable information in order to help us understand the claimant's limitations and the type of assistance they may need. This information helps us to make an equitable determination regarding eligibility. Please reconsider your direction to delete such "personal interview" language.

Please include in the claim appeal procedure provision the location at which to send appeals or grievances.

The "Claim Appeal Procedure" provision under the Claim Procedures section in the policy has been revised to indicate that the written request for appeal should be sent to us at the address shown on the first page of the policy. Please replace the policy under CH03 with this attached policy.

The return of unearned premium upon cancellation or termination provision is not presented for compliance with Section 38.2-5202.1.

The "Return of Unearned Premium Upon Cancellation or Termination" and "Return of Unearned Premium Upon Death" provisions under the General Policy Provisions section in the policy have been revised to add the following sentence: "The earned premium will be computed on a pro rata basis." Please replace the policy under CH03 with this attached policy.

Common law marriage and civil unions are not defined in Virginia and the references should be removed.

The "Immediate Family Member" definition under the Glossary section in the policy was revised to delete the reference to common law marriage and civil union. Please replace the policy under CH03 with this attached policy.

The application does not include the certification by the agent and applicant that is required and expressed in Section 38.2-3402.

In accordance with Section 38.2-3402, the applications have been revised to add the following after the "Caution" provision under Section 11: Your agreement and acknowledgement: "The undersigned proposed insured(s) and agent certify that the proposed insured(s) has read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in loss of coverage under the policy." Please replace the applications under CH04 with these attached applications.

In the application, the questions directed to the applicant must be separate and complete. Please present the questions in accordance with 14 VAC 5-200-110 A 1 and 2.

The "Agent must list" paragraph that previously appeared under Section 3: Other insurance information in the applications has been moved to the "Agent's statement." Please replace the applications under CH04 with these attached applications.

The question in the application with respect to a previous declination by another company must be accompanied by a request for the reasons for the previous adverse underwriting decision, as required in Section 38.2-611.

In accordance with Section 38.2-611, the applications have been revised to add the following to the "previous declination" question (#4) under Section 3: Other insurance information: "If 'Yes,' what was the reason for the declination?" Please replace the applications under CH04 with these attached applications.

The certification of compliance is not prepared for conformity with 14 VAC 5-100-40.3

The "View Req" button for the Certification of Compliance component header specifically states that "if a company uses the Uniform Transmittal Document, the following submission requirements may be bypassed: L&H Certification of Compliance."

The long term care insurance personal worksheet is reviewed for approval, but the potential rate increase disclosure is not required to be filed or approved. Please show the worksheet in a separate component.

The personal worksheet has been attached under its own component header.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

Component Header

Component 23 - Rev 00
 Created by Tammy Smasal on 03/15/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-23/00-00/00
State Tracking #	7/26102	Component Status	Pending Industry Response
Component Status (State)	Disapproved	(SERFF)	
Disposition Date	None	Delivery Date	03/15/2006 12:58:59 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement	None	Primary Reviewer	None
Status			

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Tax-Qualified LTC _i Policy	Company Form Number	11-P-Q-VA
Readability Score	None	Replaces Form Number	ch03
Requirement Satisfied	None		
Brief Description	Tax-Qualified LTC _i Policy		
Filer's Notes	Replaces CH03 Policy Schedule has not changed		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-P-Q-VA(2).pdf, 11-PS-Q.pdf

Problem Report

Report Type Problem Report

Filing Originally Sent 01/19/2006 03 57 53 PM

Created by Mary Ann Mason on 05/09/2006

Sent 05/09/2006 03 00 01 PM

State Virginia
SERFF Tracking SERT-6L7NDC243/00-23/00-01/00
No

Response To ComponentHeader
Response To SERT-6L7NDC243/00-23/00-00/00
SERFF Tracking

No

Lead Company Allianz Life Insurance
Company of North America
Product Name Generation Protector II
(11-P-Q)

Company Allianz Life Insurance
Company of North America
Project Name Generation Protector II

Filing Date 01/19/2006 03 57 53 PM

Project No 11-P-Q

State Tracking No 7/26102

Company Tracking No None

TOI LTC03I Individual Long
Term Care

Sub TOI LTC03I 001 Qualified

Report Status Incomplete Filing

SERFF Status None

Reviewer Phone No None

Status Effective 05/09/2006
Date

Report Information: Problem Report

No problem descriptions

Applies to None

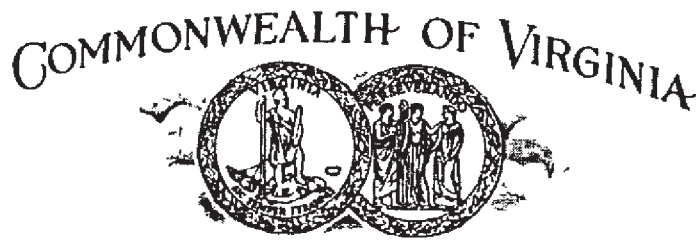
Components

Comments Please see attachment for status

Thanks and please contact me at 804 371-9348 if you respond other than
as requested in my letter

File Attachments: 7 26102 2ND doc

ALFRED W GROSS
COMMISSIONER OF INSURANCE



P O BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE. (804) 371-9741
TDD/VOICE (804) 371-9206
<http://www.state.va.us/scc>

STATE CORPORATION COMMISSION
BUREAU OF INSURANCE

May 9, 2006

VIA SERFF
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
1750 HENNEPIN AVENUE
MINNEAPOLIS, MN 55403
Attn TAMMY SMASAL
COMPLIANCE ANALYST

RE SERT-6L7NDC243/00-00/00-00/00
Submission No 007 0000026102

Dear Ms Smasal

Please add "care" to the caption for adult day services if this provision is intended to conform to the definition of adult day care as expressed in 14 VAC 5-200-50

The claim form must not be more restrictive than "a **written statement** as to the nature and extent of the loss " The additional requirements and lead-in items must be removed This is a uniform policy provision that the Commonwealth of Virginia recognizes as its claim forms provision The provision in the statute (as expressed) by Section 38 2-3503 6 of the Code of Virginia prevails A **written statement** is not required to be accompanied by bills or any other documentation

Section 38 2-3503 7 sets forth a proof of loss provision that is based solely on "**written proof of loss**" and this uniform policy provision should be the same in the policy The statute prevails

The application still must display the questions in 14 VAC 5-200-110 A 1 and 2 separately to the extent (1) Do you have another long term care insurance policy or certificate in force (including a health services plan contract, or a health maintenance organization contract)? (2) Did you have another long-term care insurance policy or certificate in force during the last 12 months?

For clarity, please revise the certification required by Section 38 2-3402 to " and the **applicant** realizes that any false statement "

You are correct regarding the compliance certification but a signature an officer of the company, attorney or actuary representing the company is still required (this is not bypassed)

For your information, the rates are ready for approval

Should you need clarification of any of the information contained in this letter, please contact the undersigned. You are encouraged to contact me by telephone if you have questions and before submitting forms that do not comply with Virginia statutes and regulations

Thank you for your courtesy and consideration in this matter

Yours Truly,

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No (804) 371-9348

Component Header

Component 23 -- Rev 01
 Created by Tammy Smasal on 05/31/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-23/01-00/00
State Tracking #	7/26102	Component Status	Viewed by State
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Disposition Date	None	Delivery Date	05/31/2006 10:10:14 AM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Form	Component Action	Resubmitted
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Tax Qualified LTC Policy	Company Form Number	11-P-Q-VA
Readability Score	see certificate	Replaces Form Number	ch23/00
Requirement Satisfied	None		
Brief Description	Tax Qualified LTC Policy		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-P-Q-VA3 pdf, 11-PS-Q pdf



TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

This Contract is intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

We have issued this Contract in consideration of the statements made in your signed application and your payment of the initial premium. We will pay the benefits described in this Contract, subject to all of its provisions.

Read This Contract Carefully It is a legal contract between you and the Company.

Thirty Day Review Period - You may return this Contract within 30 days after receiving it, or within 30 days of its Effective Date, whichever is later, if you are dissatisfied for any reason. You may return it to the agent from whom it was purchased or to the Company. We will void this Contract and mail a refund of the premium you paid within 10 days of receipt.

Effective Date This Contract begins at 12:01 AM on the Effective Date shown on the current Policy Schedule. This Contract ends at 12:01 AM according to the terms of this Contract.

Check Your Application Caution – This Contract may not apply when you have a claim! Please read! The issuance of this long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application is attached. If your responses are incorrect or untrue, we have the right to deny benefits or rescind this Contract, subject to the Incontestability provision under the General Policy Provisions section. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number at the top of this page.

This Contract Covers Qualified Long Term Care Services Qualified Long Term Care Services are defined as care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit, and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit.

This Contract is Not a Medicare Supplement Contract If you are eligible for Medicare, you may request the Guide to Health Insurance for People with Medicare available from us.

Renewal Conditions THIS QUALIFIED LONG TERM CARE INSURANCE CONTRACT IS GUARANTEED RENEWABLE. To renew this Contract, you must pay the premium due by the premium due date or within the Grace Period. We cannot refuse to renew this Contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for this Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Notice to Buyer This Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

Signed for the
Company at its
Home Office on the
Date of Issue

A handwritten signature in cursive script, enclosed in large square brackets.

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

A handwritten signature in cursive script, enclosed in large square brackets.

[Mark Zesbaugh]
[President]

GUIDE TO POLICY BENEFITS AND PROVISIONS

A summary of your benefits follows. Please refer to the current Policy Schedule for a list of the Riders and optional benefits which provide you with additional benefits. Section titles, provision titles, and terms used on the Policy Schedule, and terms defined in the Glossary, are capitalized throughout this Contract to help you easily recognize them.

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ELIGIBILITY FOR THE PAYMENT OF BENEFITS

This section explains how you become eligible to receive Benefit Payments

Eligibility for Benefits	To be eligible for the benefits shown on the current Policy Schedule and in this Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.
Limitations or Conditions on Eligibility for Benefits	To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following: <ul style="list-style-type: none">(a) this Contract must be In Force, except if the Extension of Benefits provision under the General Policy Provisions section applies,(b) you must have satisfied the Elimination Period, unless otherwise stated,(c) you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner, and(d) You must provide proof of such Chronic Illness as shown in the Claim Procedures section.
Benefit Payments	We will pay up to the Facility Care Daily Benefit or Home and Community Care [Daily] [Monthly] Benefit shown on the current Policy Schedule for actual expenses incurred.
Benefits End	Benefit Payments will end if we do not receive Continued Proof of Loss or on the earliest of: <ul style="list-style-type: none">(a) the date on which you are no longer Chronically Ill,(b) the date you have exhausted the Maximum Lifetime Benefit, or the date this Contract Terminates, except if the Extension of Benefits provision under the General Policy Provisions section applies, or(c) the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires.

The following are definitions of special terms used in this section:

Chronically Ill, Chronic Illness	You are Chronically Ill if you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as: <ul style="list-style-type: none">(a) being unable to perform without Substantial Assistance at least two Activities of Daily Living (ADLs) and Substantial Assistance is expected to be required for a period of at least 90 continuous days, or(b) requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.
Activities of Daily Living, ADLs	ADLs are the following: <ul style="list-style-type: none">(a) Bathing: Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.(b) Continence: The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.(c) Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.(d) Eating: Feeding yourself by getting food into your body from a receptacle, such as a plate, cup or table, or by feeding tube or intravenously.(e) Toileting: Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.(f) Transferring: Moving into or out of a bed, chair, or wheelchair.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS (CONTINUED)

Severe Cognitive Impairment

The deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in

- (a) short or long term memory,
- (b) orientation as to people, such as who you are, places, such as where you are, or time, such as day, date and year,
- (c) judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others, or
- (d) deductive or abstract reasoning

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

Substantial Assistance

Stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means direct physical assistance of another person

Substantial Supervision

Requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations

FACILITY CARE BENEFIT

This section describes benefits for care received in a Nursing Facility or Assisted Living Facility

Facility Care Benefit If you are confined in a Nursing Facility or an Assisted Living Facility, we will pay up to the Facility Care Daily Benefit shown on the current Policy Schedule for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section.

Eligible Facility Care Expenses Eligible Facility Care Expenses include charges incurred for

- (a) room and board, and
- (b) your care while confined in the facility.

This does not include charges incurred for

- (a) physician's services,
- (b) medications, both prescription and nonprescription,
- (c) incontinence and other medical supplies,
- (d) guest meals,
- (e) beauty and barbershop,
- (f) gift shop,
- (g) cable television,
- (h) long-distance telephone, and
- (i) other ancillary charges.

In addition to the information described in the Claim Procedures section of this Contract, Nursing Facilities and/or Assisted Living Facilities must also provide the following items:

- (a) Proof of Nursing Facility or Assisted Living Facility licensure, certification, or accreditation if required under state law, and
- (b) Copies of invoices or statements that document dates of confinement and charges.

The following are definitions of special terms used in this section:

Nursing Facility A facility or institution, either separate or a distinct part of another health care facility, which is operated pursuant to law, providing the following such care as described:

- (a) provides an organized, 24-hour program of services consistent with the needs of its residents under the supervision of a Physician,
- (b) provides medical and nursing services, as needed, under the supervision of a Physician or RN, and
- (c) maintains a daily medical record on each patient.

Nursing Facility does not include

- (a) your Home,
- (b) Hospitals,
- (c) convalescent homes, board and rest homes, homes for aged, residential care facilities, domiciliary and retired care facilities, or training centers,
- (d) any facility where the patient is not required to pay,
- (e) an Assisted Living Facility, or
- (f) facilities otherwise excluded in this Contract.

FACILITY CARE BENEFIT (CONTINUED)

Assisted Living Facility

A facility licensed or certified with the appropriate state agency to provide the care described below, or, if not licensed or certified, a facility which is engaged primarily in providing ongoing care and related services in one location, and which meets all of the following criteria

- (a) has at least one trained staff member on duty 24 hours per day,
- (b) provides continuous room and board,
- (c) provides Substantial Assistance or Substantial Supervision required by residents due to their inability to perform the Activities of Daily Living or due to a Severe Cognitive Impairment,
- (d) has formal arrangements for the services of a Physician or RN in case of an emergency, and
- (e) has formal procedures in place to manage all medical emergencies and medical needs, including the handling and dispensing of prescription and non-prescription drugs and medical treatments

Assisted Living Facility includes dementia care facilities that meet the above requirements

Assisted Living Facility does not include

- (a) your Home,
- (b) Hospitals,
- (c) independent living facilities or congregate housing for adults,
- (d) any facility where the patient is not required to pay,
- (e) a Nursing Facility, or
- (f) facilities otherwise excluded in this Contract

HOME AND COMMUNITY CARE BENEFIT

This section describes benefits for care received in your Home or when you are not confined in a Nursing Facility or Assisted Living Facility

Home and Community Care Benefit

We will pay up to the Home and Community Care [Daily] [Monthly] Benefit shown on the current Policy Schedule for the following covered Home and Community Care services

- (a) Home Health Care Services,
- (b) Adult Day Care Services, and
- (c) Hospice Care Services

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically Ill

You are eligible for this benefit as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section

Eligible Home and Community Care Expenses

Eligible Home and Community Care Expenses include charges incurred from

- (a) a Home Health Care Agency,
- (b) an Adult DayCare Services program,
- (c) a Hospice Care Services program, and
- (d) a caregiver who is employed by you who is an RN or nurse, a speech, occupational, physical, or respiratory therapist, or a Home Health Aide

This does not include charges incurred for

- (a) physician's services,
- (b) outpatient therapy in a Hospital or rehabilitation facility,
- (c) medications, both prescription and nonprescription,
- (d) incontinence and other medical supplies,
- (e) massage therapy, reflexology, acupuncture, and similar alternative healing services,
- (f) care provided to you by an Immediate Family Member or someone living in your Home, and
- (g) housekeeper or housecleaning services when no other services are being provided as a result of your being Chronically Ill

In addition to the information described in the Claim Procedures section of this Contract, Home and Community Care providers must also provide the following items

- (a) Proof of Home and Community Care provider's licensure, certification, or accreditation, if required under state law,
- (b) Copies of invoices or statements that document dates of service and hours of care each day,
- (c) Copies of daily notes or nursing flow sheets, and

With respect to independent providers who are employed by you, we must also receive copies of your cancelled checks for payment of caregiver services

The following are definitions of special terms used in this section

Home Health Care Services

Medical and nonmedical services provided in the Home that are intended to support frail, impaired, or other disabled adults who are not capable of independent living

Home Health Care Services may be provided by a Home Health Care Agency, a health care registry, or an independent provider who is privately employed by you. Home Health Care Services include

- (a) professional nursing care services by an RN or nurse licensed under state law, if any,
- (b) non-medical care services from a Home Health Aide licensed or certified under state law, if any, or from an individual with appropriate experience in necessary caregiving procedures, and
- (c) therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any

HOME AND COMMUNITY CARE BENEFIT (CONTINUED)

Home Health Care Services may also include assistance with homemaker services that are necessary to support your ability to remain in your Home, including assisting you with using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, doing your laundry, and light housekeeping. Homemaker services must be performed by the same individual assisting you with the Activities of Daily Living or providing supervision because you have a Severe Cognitive Impairment and must be provided during the same visit.

Home Health Care Agency

A Hospital, agency, or other provider licensed, certified, or accredited under state law, if such licensing or accreditation is required, to provide Home Health Care Services.

Home Health Aide

A person, other than an RN or nurse, who provides needed assistance to you as a result of your being Chronically Ill. A Home Health Aide must be duly licensed or certified under state law, if any, and must act within the scope of his or her license or certification at the time the treatment or service is performed.

Adult Day Care Services

Community based services, operated pursuant to law, provided in a group setting outside the Home that are intended to support frail, impaired, or other disabled adults who are not capable of full-time independent living. These services must include:

- (a) care for six or more individuals during the day,
- (b) health-related services, and
- (c) recreational and social services.

Hospice Care Services

Services provided in the event of a diagnosis of a terminal illness. Hospice Care Services help you, your primary caregiver, and your family member(s) with the physical, social, and spiritual needs brought about by your terminal illness. Hospice Care Services may be provided in your Home or in a hospice care facility.

ADDITIONAL BENEFITS

This section describes the additional benefits included in this Contract

Waiver of Premium Benefit

If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect

Premiums will not be waived if you are only receiving benefits under the Alternative Plan of Care Benefit, Caregiver Training Benefit, Respite Care Benefit, or Care Coordination Advisor Benefit

Respite Care Benefit

If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay Respite Care Benefits for

- (a) the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit shown on the current Policy Schedule, or
- (b) the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit shown on the current Policy Schedule

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year

Bed Reservation Benefit

If you are receiving Benefit Payments and are confined in a Nursing Facility or an Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit [and Monthly Indemnity Benefit] shown on the current Policy Schedule as if you were still confined in the Nursing Facility or the Assisted Living Facility if you

- (a) become hospitalized or temporarily leave the Nursing Facility or the Assisted Living Facility, and
- (b) are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations

This benefit is subject to the Eligibility for the Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period

This benefit is available for a maximum of 60 days per calendar year

ADDITIONAL BENEFITS (CONTINUED)

Caregiver Training Benefit

If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit shown on the current Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Alternative Plan of Care Benefit

The Alternative Plan of Care Benefit provides benefits for services which may include equipment purchases or rentals, permanent or temporary modifications to your Home, such as ramps or rails, or care services not normally covered under other benefit provisions in this policy. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

We will pay the Alternative Plan of Care Benefit if

- (a) you are Chronically Ill,
- (b) you, your Licensed Health Care Practitioner, and we agree the Alternative Plan of Care Benefit is (1) medically acceptable, and (2) the most cost efficient manner in which to provide benefits for your claim under this Contract,
- (c) you have not exhausted the Maximum Lifetime Benefit, and
- (d) you agree that you will not receive payments for any other benefits under this Contract while the Alternative Plan of Care Benefit is being paid, unless otherwise agreed to by you and us.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period.

Care Coordination Advisor Benefit

If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under this Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period.

[Monthly Indemnity Benefit

The Monthly Indemnity Benefit amount is shown on the current Policy Schedule. This amount will be paid in any month that you receive Benefit Payments under the Facility Care Benefit or Home and Community Care Benefit.

Benefits paid directly to the insured and not determined by the expenses incurred may be subject to taxation by the Internal Revenue Service and may cause this Contract to lose its status as a federally tax-qualified long term care insurance contract.]

ADDITIONAL BENEFITS (CONTINUED)

**[Return of Premium
Upon Death Benefit**

If this Contract Terminates because of your death, we will pay a Return of Premium Upon Death Benefit to your Beneficiary, or to your estate if no Beneficiary has been designated

The Return of Premium Upon Death Benefit is equal to the total of premiums paid for this Contract, excluding any premiums waived, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, excluding any premiums waived, this Return of Premium Upon Death Benefit will be zero.]

**[Full Return of Premium
Upon Death Benefit**

If this Contract Terminates because of your death, we will pay a Full Return of Premium Upon Death Benefit to your Beneficiary or to your estate if no Beneficiary has been designated. The Full Return of Premium Upon Death Benefit is equal to the total of premiums paid for this Contract, excluding any premiums waived.]

[Restoration of Benefits

If benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored to the amount shown on the current Policy Schedule plus increases per your benefit increase rider, if any, if, for a period of 180 consecutive days

- (a) this Contract is In Force,
- (b) you are not receiving Benefit Payments, and
- (c) you are no longer Chronically Ill

The Maximum Lifetime Benefit may be restored an unlimited number of times.]

LIMITATIONS AND EXCLUSIONS

This section describes the benefits that are not payable even if you would otherwise qualify for benefits under this Contract

Limitations and Exclusions

No benefits will be paid for any confinement, care, treatment, or service(s)

- (a) for alcoholism or drug addiction
- (b) that result from participating in a felony, a riot or an insurrection
- (c) that result from an act of war, declared or undeclared, or during service in the armed forces
- (d) that result from your intentionally self-inflicted injury
- (e) provided outside the 50 states of the United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Rider]
- (f) provided to you by an Immediate Family Member or someone living in your Home
- (g) for which you have no financial liability or that are provided at no charge in the absence of insurance
- (h) that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

CLAIM PROCEDURES

This section describes our claims process and how to file a claim. We will evaluate your claim based upon the information you provide us and other information we gather about your claim.

Notice of Claim You, or someone acting on your behalf, must give us Notice of Claim for benefits within 30 days after the date of loss, or as soon as reasonably possible.

Write or call us at the address or telephone number shown on the first page of this policy to notify us of your claim. In order to sufficiently identify you, the written notice should include your name, policy number, and the address to which the Claim Form should be sent.

Claim Form We, upon receipt of Notice of Claim, will send you a Claim Form within 15 days to use in filing the Proof of Loss or if needed to determine Continued Proof of Loss. By completing all the items on the Claim Form and sending the required information to the address on the form, you will help us to expedite the processing of your claim.

If you, or anyone acting on your behalf, do not receive our Claim Form within 15 days of notifying us, you may file the Proof of Loss without our Claim Form by sending us a letter which describes the nature and extent of your loss.

Proof of Loss You will be considered to have provided Proof of Loss when we receive a Claim Form or a letter, as described in the Claim Form provision above.

Proof of Loss must be sent to us within 90 days after the date of loss. If it is not possible to give us timely Proof of Loss, we will not reduce or deny your claim if Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally competent, the required Proof of Loss must be given to us no later than one year from the time specified.

To verify that you are eligible to receive Benefit Payments, we may also require, at our expense, a Physician's statement, including confirmation that the services are medically acceptable, and/or copies of relevant medical records from any Physician or health care provider involved in your care.

Continued Proof of Loss Once we have verified that you are eligible to receive Benefit Payments, you will be considered to have provided Continued Proof of Loss when we receive regular statements and bills for covered care services, which include the date, nature, and charges for all services. We may also request, at least annually or as often as reasonably necessary, a completed supplemental Claim Form, which will include a request for an updated Plan of Care.

Continued Proof of Loss must be sent to us within 90 days after the end of each period for which we are liable. If it is not possible to give us timely Continued Proof of Loss, we will not reduce or deny your claim if Continued Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally competent, the required Continued Proof of Loss must be given to us no later than one year from the time specified.

At our expense, we may also require a Physician's statement, including confirmation that the services are medically acceptable, and/or copies of relevant medical records from any Physician or health care provider involved in your care.

CLAIM PROCEDURES (CONTINUED)

Time of Payment of Claims	<p>Benefits payable for any loss, other than loss for which we provide periodic payment, will be paid immediately after we receive and verify Proof of Loss or Continued Proof of Loss. Benefits payable for loss for which we provide periodic payment will be paid at least monthly after we receive and verify Proof of Loss or Continued Proof of Loss, and will continue until the Maximum Lifetime Benefit is exhausted. Any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of due written proof.</p> <p>If we do not pay benefits, either in whole or in part, upon receipt of written Proof of Loss, we will provide timely written notice, as required by law, to you to explain our reasons for not paying the claim. The letter will also provide you with an itemization of any documents or other information needed to process the claim or any portion not paid.</p>
Payment of Claims	<p>All benefits are paid to you or your assignee. Any benefits unpaid at your death will be paid to your Beneficiary.</p>
Overpayment of Claims	<p>If benefits have been overpaid, you have the responsibility to return any overpayments. We have the right to recover by offsetting against any amounts otherwise payable to you under this Contract.</p>
Unpaid Premium	<p>Upon the payment of a claim under this Contract, any premium due and unpaid will be deducted from the claim payment.</p>
Physical Examination	<p>We have the right, at our expense, to have you examined to determine your Eligibility for Benefits when and as often as reasonably necessary while a claim is pending.</p>
Denial of Claims	<p>If you receive written notice that we are not paying benefits, either in whole or in part, as described in the Time of Payment of Claims provision, you or your representative may request, in writing, an explanation of our reasons for not paying benefits. Within 60 days of the written request, we will provide a written explanation and make available all directly related information, unless such disclosure is prohibited under state or federal law.</p>
Claim Appeal Procedure	<p>If you believe that our claim decision is in error, you may appeal our decision and we will reconsider your claim. Send us a written request at the address shown on the first page of this policy; no special form is required, explaining why you feel we should change our decision. Your written request must be submitted within 60 days, or as soon as reasonably possible, of your receipt of the explanation of benefits of your claim. You may authorize someone else to act for you in this process.</p> <p>Your written request should include your name and policy number as well as the names, addresses and telephone numbers of any persons or organizations you believe we should contact to learn more about the claim under reconsideration.</p> <p>Once we have completed our review, we will notify you immediately of our decision. We will pay you any benefits we determine to be due to you as a result of our reconsideration. This notification will be sent to you no later than 30 days after receipt of your written request for appeal. If we require more than 30 days, we will notify you of the reasons for the delay. Our final decision on your appeal does not prevent you from taking further action.</p>
Legal Action	<p>No Legal Action may be brought to recover benefits under this Contract within 60 days after Proof of Loss has been given. No action may be brought more than three years after the time Proof of Loss is required to be given.</p>
Payor of Last Resort	<p>The Department of Medical Assistance will be the Payor of Last Resort.</p>

GENERAL POLICY PROVISIONS

Entire Contract	The Entire Contract consists of this policy, the attached copy of the application, any attached Endorsements, and any attached Riders
Contract Changes	<p>No change in coverage will be valid until approved by our President, together with our Secretary, and unless such approval is endorsed or attached to this Contract</p> <p>No agent has authority to change this Contract or waive any of its provisions</p>
Conformity with State Laws	Any provision of this Contract which, on its Effective Date, conflicts with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of those laws
Incontestability	<p>We issued this Contract based on the information you provided in the application. All statements made by you are considered representations and not warranties. Any misrepresentation may cause this Contract to be voided or rescinded, or a claim to be denied.</p> <p>If this Contract has been In Force for less than six months, upon a showing of misrepresentation that is material to the acceptance of coverage, we may rescind this Contract or deny an otherwise valid claim on this Contract.</p> <p>If this Contract has been In Force for at least six months, but less than two years, upon a showing of misrepresentation that is both material to the acceptance of coverage and that pertains to the condition for which benefits are sought, we may rescind this Contract or deny an otherwise valid claim on this Contract.</p> <p>After this Contract has been In Force for two years, it is not contestable upon the grounds of misrepresentation alone. After two years, this Contract may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.</p>
Misstatement of Age	If your age was understated at the time this Contract was issued, we will pay only such benefits as the premium paid would have purchased at the correct age. If your age was overstated at the time this Contract was issued, we will refund any excess premium paid when we have been notified of this fact. Our liability is limited to refunding premium paid, if according to the correct age, this Contract would not have been issued, and this Contract will be voided as of the Effective Date.
Paying Premiums	Renewal Premiums are due at the beginning of each Mode of Payment interval from the Effective Date. Payments must be made to us. You may change the Mode of Payment on your Policy Anniversary if you notify us.
Grace Period	This Contract has a 65-day Grace Period. If a Renewal Premium is not paid on or before the date it is due, it may be paid during the following 65 days. This Contract will stay In Force during the Grace Period. To keep this Contract In Force with no gap in coverage, you must pay your premium within the Grace Period. If your premium remains unpaid after 65 days, this Contract will Terminate.
Unintended Lapse Protection	<p>You have the right to elect a third party designee for us to notify before this Contract Terminates due to nonpayment of premium.</p> <p>If the Renewal Premium remains unpaid 30 days into the Grace Period, we will mail, by postage paid, first-class US mail, a notice to you and your third party designee, if elected, stating that this Contract is about to Lapse. Notice is considered to have been given as of five days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium.</p>

GENERAL POLICY PROVISIONS (CONTINUED)

Termination, Terminate, Terminates, Terminated	<p>This Contract will Terminate and your coverage will end on the earliest of</p> <ul style="list-style-type: none">(a) the date you have exhausted the Maximum Lifetime Benefit,(b) the date this Contract Lapses due to nonpayment of premium,(c) the date this Contract is Cancelled by you, except if the Extension of Benefits provision applies, or(d) the date of your death
Cancellation, Cancel, Cancelled	<p>You may Cancel this Contract at any time by delivering or mailing written notice of Cancellation to us at the address shown on the first page of this policy. Cancellation will be effective upon receipt of such notice or on such later date as may be specified in such notice. If this Contract is Cancelled, the following provisions do not apply: Grace Period, Unintended Lapse Protection, and Waiver of Premium Benefit. The Cancellation will be without prejudice to any claim originating before the effective date of such Cancellation.</p>
Return of Unearned Premium Upon Cancellation or Termination	<p>Upon Cancellation or Termination, we will return to you any unearned premium for this Contract within 30 days of the effective date of such Cancellation or Termination. The effective date of the Cancellation is the later of</p> <ul style="list-style-type: none">(a) the date we receive your written request to Cancel this Contract in our home office, or(b) a later date specified in your written request to Cancel this Contract <p>The earned premium will be computed on a pro rata basis.</p>
Return of Unearned Premium Upon Death	<p>Upon your death, we will return any unearned premium for this Contract to your Beneficiary within 30 days of receipt of proof of your death. The earned premium will be computed on a pro rata basis.</p>
Reinstatement	<p>If this Contract Lapses, you may request to Reinstate this Contract to restore coverage. You must submit an application to determine your eligibility for Reinstatement within five months of the date of Lapse. You will be given a conditional receipt for any premium submitted with the application.</p> <p>If we do not approve your application, we will notify you in writing within 45 days from the date of your application and refund any premium that was submitted with the application. If we do not notify you within 45 days of our approval, this Contract will be Reinstated on the 45th day after the date of the conditional receipt. Your coverage will be Reinstated, subject to evidence of insurability and receipt of all past due and unpaid premiums.</p> <p>This Contract will be Reinstated as of the last premium due date if we approve your application for Reinstatement and all premiums due are received. The Reinstated Contract will cover only loss due to an injury sustained after the date of Reinstatement and loss due to a sickness that begins more than 10 days after the Reinstatement. In all other aspects, your rights and ours will be the same as before this Contract Terminated, subject to any provisions endorsed or attached in connection with the Reinstatement.</p>
Reinstatement due to Chronic Illness	<p>If this Contract Lapses due to nonpayment of premium due to a Chronic Illness that began before Lapse, you may request to Reinstate this Contract, within five months of the date of Lapse, by submitting</p> <ul style="list-style-type: none">(a) proof of such Chronic Illness, certified by a Licensed Health Care Practitioner, and(b) payment of all past due premiums <p>If we Reinstate this Contract after nonpayment of premium due to Chronic Illness</p> <ul style="list-style-type: none">(a) the Reinstatement will not require any evidence of insurability(b) there will be no gaps in coverage. Coverage will be a continuation of that provided before Reinstatement. This provision does not apply if this Contract has been Terminated due to any reason other than Lapse due to Chronic Illness(c) premium is due from the date of the last premium payment, at the rate which would have been in effect had this Contract remained In Force. Payment must be made within 15 days of our written request to you.

GENERAL POLICY PROVISIONS (CONTINUED)

Maximum Lifetime Benefit	<p>The total amount we will pay in your lifetime for all benefits, other than the Waiver of Premium Benefit and Care Coordination Advisor Benefit, provided by this Contract. The Maximum Lifetime Benefit is shown on the current Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period, in years, times 365. The Facility Care Daily Benefit and Benefit Period are shown on the current Policy Schedule.</p> <p>All benefits paid under this Contract accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. [However, for Home and Community Care Benefits, only an amount up to [30 times] the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.]</p> <p>[Any benefits paid before a Restoration of Benefits will not accumulate toward the restored Maximum Lifetime Benefit.]</p>
Right to Reduce Benefits	<p>You have the right, exercisable any time after the first Policy Year, to lower the premium for this Contract by reducing the Facility Care Daily Benefit and/or Benefit Period, which in turn reduces the [Monthly Indemnity Benefit,] Home and Community Care [Daily] [Monthly] Benefit and Maximum Lifetime Benefit. Premium may also be reduced by increasing the Elimination Period. The new Facility Care Daily Benefit and Benefit Period must meet the minimum amounts allowable for this Contract. The new Elimination Period may not exceed the maximum amount allowable for this Contract. Your premium will be based on the reduced benefits and your age at the time this Contract was originally issued.</p>
Extension of Benefits	<p>If you are confined in a Nursing Facility or an Assisted Living Facility while this Contract is In Force, and such confinement continues without interruption after this Contract Terminates, Benefit Payments will continue until the earliest of</p> <ul style="list-style-type: none">(a) the date that you are no longer Chronically Ill,(b) the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires, or(c) the date you have exhausted the Maximum Lifetime Benefit. <p>Benefit Payments are subject to all other provisions of this Contract.</p>
Change of Beneficiary	<p>You may change the Beneficiary at any time by giving us written notice. A change will not be effective until recorded by us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change this Contract or the Beneficiary, unless the designation of the Beneficiary is irrevocable.</p>
Duplicate Contract	<p>If you have misplaced this Contract and wish to request a duplicate copy, you will be assessed a fee. This fee is shown on the current Policy Schedule.</p>

GLOSSARY

This section provides the meaning of special terms used throughout this Contract. Most of these terms are capitalized throughout this Contract to help you easily recognize them.

We, Our, Us or the Company	Allianz Life Insurance Company of North America, whether these terms are capitalized or not
You, Your or Yourself	The person who is insured under this Contract, as shown on the current Policy Schedule, and is solely entitled to exercise all rights of this Contract, whether these terms are capitalized or not
Beneficiary	The person or persons or entity named on the application, if any, unless later changed in writing, or the person or persons or entity designated as such in a written notice to us. The Beneficiary, or your estate if no Beneficiary has been designated, will receive any unassigned benefit payments, unearned premium, or any Rider benefits due upon your death.
Class	A population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.
Contract	This policy, the attached copy of the application, any attached Endorsements, and any attached Riders are the Contract.
Effective Date	The date when coverage starts under this Contract, as shown on the current Policy Schedule. This date determines Policy Anniversaries and Policy Years.
[Elimination Period {service day definition}]	<p>The period of time that must be satisfied before we will pay you benefits and is the number of covered service days in which you</p> <ul style="list-style-type: none"> (a) are Chronically Ill, (b) have received care in either a Nursing Facility or Assisted Living Facility, or have received Home and Community Care, and (c) have not received Benefit Payments under this Contract. <p>The Elimination Period is shown on the current Policy Schedule. Each day of covered services under this Contract counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.]</p>
[Elimination Period {calendar day definition}]	<p>The period of time that must be satisfied before we will pay you benefits and is the number of calendar days in which you</p> <ul style="list-style-type: none"> (a) are Chronically Ill, (b) have not received Benefit Payments under this Contract. <p>The Elimination Period is shown on the current Policy Schedule. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.]</p>
Endorsement	An attachment to this policy that may provide an additional benefit or amend this Contract.
Home	Any place where you reside, except a Nursing Facility, Assisted Living Facility, dementia care facility, hospice facility, or Hospital.

GLOSSARY (CONTINUED)

Hospital	<p>An institution or facility that is</p> <ul style="list-style-type: none">(a) licensed as a Hospital by the proper authority of the state in which it is located, or(b) accredited as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or(c) operated as a Hospital pursuant to law
Immediate Family Member	<p>Includes your spouse, and your spouse's or your daughter, daughter-in-law, son, son-in-law, parent, sister, brother, grandparent or grandchild, and the same degree of relationship as effected by a domestic partnership, if recognized in the state where you reside</p>
In Force	<p>The period between the Effective Date and Termination of this Contract</p>
Lapse, Lapses, or Lapsed	<p>Termination of this Contract due to insufficient premium payment Refer to the Grace Period and Unintended Lapse Protection provisions under the General Policy Provisions section</p>
Licensed Health Care Practitioner	<p>A person who is a Physician, as defined in section 1861(r)(1) of the Social Security Act, a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury</p> <p>The Licensed Health Care Practitioner must not be an Immediate Family Member Neither the Licensed Health Care Practitioner nor any Immediate Family Member of the Licensed Health Care Practitioner can be an owner or in any way control the operation of a Nursing Facility, Assisted Living Facility, or Home Health Care Agency in which you receive care or treatment unless preauthorized by the Company</p>
Licensed Social Worker	<p>A person who is licensed by the state, if required, and acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill</p> <p>We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under this Contract</p>
Medicare	<p>The program under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 and any later amendments or substitutes thereof</p>
Physician	<p>A person who</p> <ul style="list-style-type: none">(a) is licensed to practice medicine and surgery and prescribe and administer drugs,(b) is legally qualified as a medical practitioner and required to be recognized, under this Contract for insurance purposes, according to applicable state insurance laws, or(c) meets the requirements of section 1861(r)(1) of the Social Security Act <p>We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under this Contract</p>

GLOSSARY (CONTINUED)

Plan of Care	A written plan prescribed by a Licensed Health Care Practitioner developed in consultation with you, based upon an assessment indicating that you are Chronically Ill. The Plan of Care should recommend the frequency and type of Qualified Long Term Care Services most suitable to meet your need for Substantial Assistance or Substantial Supervision, and the most appropriate type of providers for such services. A Plan of Care must be confirmed in writing at least annually, or as often as reasonably necessary when changes to your Chronic Illness necessitate revisions to the Plan of Care to ensure your needs continue to be appropriately met. All Qualified Long Term Care Services covered under this Contract must be consistent with the Plan of Care.
Policy Anniversary	The day and month that corresponds to the day and month of the Effective Date that occurs on the same day and month in a specified year. The Effective Date is shown on the current Policy Schedule.
Policy Year	The period starting on a Policy Anniversary and ending on the day before the next Policy Anniversary. This is before Termination of this Contract.
Qualified Long Term Care Services	Care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit, and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit.
Registered Professional Nurse, RN	<p>A duly licensed registered nurse acting within the scope of his or her license at the time the treatment or service is performed.</p> <p>We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under this Contract.</p>
Renewal Premium	The Modal Premium due to keep this Contract in Force. The Modal Premium and the Mode of Payment are shown on the current Policy Schedule.
Rider	An attachment to this policy that provides an additional benefit.

Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297]

[800/950-1962] .

TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

POLICY SCHEDULE

This section provides information that is specific to the benefits that you have chosen. Most of these terms are capitalized throughout this Contract to help you easily recognize them.

Policy Benefits	Facility Care Daily Benefit	Up to \$ [150]
	[Home and Community Care Daily Benefit (\$[150] x [100]%)	Up to \$ [150]]
	[Home and Community Care Monthly Benefit (\$[150] x [100]% x 30)	Up to \$ [4,500]]
	Benefit Period	[5] years
	Maximum Caregiver Training Benefit (5 x \$[200])	\$ [1,000]
	Maximum Lifetime Benefit (\$[200] x [5] x 365)	\$ [365,000]
	Elimination Period	[90] days
	Respite Facility Care Daily Benefit	Up to \$ [200]
[Optional Benefits Elected]	Respite Home and Community Care Daily Benefit	Up to \$ [200]
	Monthly Indemnity Benefit option]	
[Optional Benefits]	Monthly Indemnity Benefit (\$[200] x [25]% = \$[50] x 30)	\$1,500
[Rider Benefits Elected]	International Coverage Benefit Rider]	
	[5% Lifetime Compound Benefit Increase Rider]	
[Rider Benefits]	International Coverage Maximum Lifetime Benefit (\$[200] x 70% x 730)	\$102,200]]
Cost of Benefits	Annualized cost for this policy without Rider and/or Optional Benefits	[\$ cost of policy]
	[Annualized cost for the Rider and/or Optional Benefits]	[\$ cost]
	[Total annualized cost of this policy with Rider and/or Optional Benefits]	[\$ cost]
Premium Summary	Mode of Payment	[annual]
	Modal Premium	\$ [1,200]
	Total annual premium if Mode of Payment is	
	[annual	\$ [1,200]
	semi-annual	\$ [1,248]
	quarterly	\$ [1,272]
	monthly EFT	\$ [1,252.80]
	monthly bill	\$ [1,296]
	monthly credit card	\$ [???
]
General Policy Information	Policy Number	[1234567]
	Insured	[John Doe]
	Issue Age of Insured (age last birthday)	[50]
	[Insured Spouse	Jane Doe]
	Effective Date	[M/D/Y]
	Policy Schedule Date (this Policy Schedule replaces any previously issued Policy Schedule)	[M/D/Y]
	Duplicate Contract Fee	\$ [25]
	[Coverage Enhancement Rider Initial Option Date Range	[M/Y] – [M/Y]
	[Coverage Enhancement Rider Termination Date	[M/D/Y]

Component Header

Component 24 - Rev 00
 Created by Tammy Smasal on 03/15/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-24/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status (State)	Disapproved	Delivery Date	03/15/2006 01:18:30 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Application for LTCI	Company Form Number	11-A-FULL-VA, et al
Readability Score	None	Replaces Form Number	11-A-FULL, et al (ch04)
Requirement Satisfied	None		
Brief Description	Application for LTCI		
Filer's Notes	Replaces CH04		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments. 11-A-FULL-VA pdf, 11-A-SIMP-VA pdf, 11-A-SEL-FULL-VA pdf, 11-A-SEL-SIMP-VA pdf

Component Header

Component 25 -- Rev 00
Created by Tammy Smasal on 03/15/2006
Assigned To Mary Ann Mason, Bob Grissom,
[Receiver]
Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
Other Authors None
TOI LTC03I Individual Long Term Care
SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-25/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status (State)	Approved	(SERFF)	
Disposition Date	None	Delivery Date	03/15/2006 01:18:31 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	None		
Brief Description	Personal Worksheet		
Filer's Notes	As requested, attached is the personal worksheet under its own component header		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: Generic Personal Worksheet (WS1).pdf

Allianz 

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long term care insurance may be expensive, and may not be right for everyone.

Premium Information
(to be filled out by agent)

The company has sold long term care insurance since 1990 and has sold this policy since [2006] The company has never raised its rates for any long term care policy it has sold in this state or any other state

¹ [Long Term Care Baby Boom Generation Increases Challenge of Financing Needed Services, United States General Accounting Office, March 2001]
WS1

What elimination period are you considering?

Number of days _____ Approximate cost \$ _____ for that period of care

How are you planning to pay for your care during the elimination period? (check one)

☐ From my Income ☐ From my Savings/Investments ☐ My Family will Pay

**Questions Related to Your Savings and Investments
(to be filled out by applicant)**

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ Stay about the same ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care

**Disclosure Statement
(to be filled out by applicant)**

- ☐ The answers to the questions above describe my financial situation
Or
☐ I choose not to complete this information (If this box is checked, applicant must complete "Authorization to Process Application" (Form X-0183) in order for application to be processed.)

(One of the above boxes, as well as the below box, must be checked)

PLEASE READ – THE BELOW BOX MUST BE CHECKED

- ☐ I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. I understand that the rates for this policy may increase in the future.

Signed _____
(Applicant) (Date)

- ☐ I explained to the applicant the importance of completing this information (This box must be checked)

Signed _____
(Agent) (Date)

Agent's Printed Name _____

In order for us to process your application, please return this signed statement to Allianz Life Insurance Company of North America along with your application

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application

Signed _____
(Applicant) (Date)

The company may contact you to verify your answers

Component Header

Component 26 - Rev 00
 Created by Tammy Smasal on 05/31/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-26/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	05/31/2006 10:10:13 AM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation	None	Reviewer Phone	None
Date		Reviewer Fax	None
Deemer Date	None	Primary Reviewer	None
Effective Date	None		
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	None		
Satisfied			
Brief Description	Response to 05/09/2006 Problem Report		
Filer's Notes	I hope that our response addresses all of your remaining issues. I did call you to go over the revisions I was making, however, you were unavailable, and I left you a message, but never received a return phone call. If there are any remaining issues, let me know, and I will rectify them ASAP. Thanks for your help.		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA GenPro II Response Letter2.pdf

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



May 31, 2006

Mary Ann Mason, Senior Insurance Market Examiner
State Corporation Commission, Bureau of Insurance
Forms and Rates Section, Life and Health Division
PO Box 1157
Richmond, VA 23218

RE: SERT-6L7NDC243/00
Submission No: 007 0000026102

Dear Ms. Mason

In response to your correspondence dated May 9, 2006, the following restates and addresses your concerns in the order they were presented

Please add "care" to the caption for adult day services if this provision is intended to conform to the definition of adult day care as expressed in 14 VAC 5-200-50.

In accordance with 14 VAC 5-200-50, all references in the policy and outlines of coverage to "Adult Day Services" have been replaced with "Adult Day Care Services."

Please replace the policy under CH23 with the attached policy

Please replace the outlines under CH19 with the attached outlines

The claim form must not be more restrictive than "a written statement as to the nature and extent of the loss." The additional requirements and lead-in items must be removed. This is a uniform policy provision that the Commonwealth of Virginia recognizes as its claim forms provision. The provision in the statute (as expressed) by Section 38.2-3503.6 of the Code of Virginia prevails. A written statement is not required to be accompanied by bills or any other documentation.

In accordance with Section 38.2-3503.6, the second paragraph of the "Claim Form" provision under the Claim Procedures section has been revised to read as follows: "If you, or anyone acting on your behalf, do not receive our Claim Form within 15 days of notifying us, you may file the Proof of Loss without our Claim Form by sending us a letter which describes the nature and extent of your loss." The list of items that the letter should include has been deleted. Please replace the policy under CH23 with the attached policy.

Section 38.2-3503.7 sets forth a proof of loss provision that is based solely on "written proof of loss" and this uniform policy provision should be the same in the policy. The statute prevails.

In accordance with Section 38.2-3503.7, the "Proof of Loss" provision under the Claim Procedures section has been revised to delete reference to "applicable statements and bills for covered care services which include the date, nature, and charges for all services" with respect to the claim form or letter.

In addition, the "Proof of Loss" and "Continued Proof of Loss" provisions under the Claim Procedures section have been revised to delete reference to the company also requiring a personal interview with the insured or caregiver.

Please replace the policy under CH23 with the attached policy

The application still must display the questions in 14 VAC 5-200-110 A 1 and 2 separately..

Question #1 under Section 3 Other insurance information in the applications has been revised to split such question into the following two questions

- 1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)?
- 2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS?

Please replace the applications under CH24 with the attached applications

For clarity, please revise the certification required by Section 38.2-3402 to "...and the applicant realizes that any false statement..."

The certification required by Section 38 2-3402 under Section 11 Your agreement and acknowledgement in the applications has been revised to clarify that "the proposed insured(s) realize that any false statement " Please replace the applications under CH24 with the attached applications

You are correct regarding the compliance certification but a signature of an officer of the company, attorney, or actuary representing the company is still required (this is not bypassed).

The uniform transmittal document has been revised to replace my electronic signature under Section 15 Certification with Vickie Hendrickson's electronic signature who is our Assistant Vice President of Compliance Please replace the transmittal under CH22 with the attached transmittal

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements

Please do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804 Thank you for your consideration

Sincerely,

Tammy Smasal
Sr Compliance Analyst
Product/Forms Filing Compliance
E-mail tammy_smasal@allianzlife.com
Fax 763/582-6495

Component Header

Component 27 - Rev 00
 Created by Tammy Smasal on 05/31/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-27/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status (State)	Received & Acknowledged	Delivery Date	05/31/2006 10:10:15 AM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	Outline of Coverage for LTC1	Company Form Number	11-OC-Q-FULL-VA, et al
Readability Score	see certificate	Replaces Form Number	ch19
Requirement Satisfied	None		
Brief Description	Outline of Coverage for LTC1		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-OC-Q-FULL-VA2 pdf, 11-OC-Q-SIMP-VA2 pdf, 11-OC-Q-SEL-FULL-VA2 pdf, 11-OC-Q-SEL-SIMP-VA2 pdf

Allianz Life Insurance Company of North America
[Home Office Minneapolis, MN]
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]



OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 11-P-Q-VA

THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT

As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

CAUTION: The Contract may not apply when you have a claim! Please read! The issuance of the long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your responses are incorrect or untrue, we have the right to deny benefits or rescind the Contract, subject to the policy's Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number shown above.

NOTICE TO BUYER: The Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

The Contract is an individual Contract of insurance.

Purpose of Outline of Coverage - This outline of coverage provides a very brief description of the important features of the Contract. You should compare this outline of coverage to outlines of coverage for other contracts available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Contract contains governing contractual provisions. This means that the Contract sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE CONTRACT CAREFULLY!**

Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. If the Contract is Cancelled by you or Terminated by us after 30 days, we will return to

you any unearned premium for the Contract within 30 days of the effective date of such Cancellation or Termination. The effective date of the Cancellation is the date we receive your written Cancellation request or a later date specified in your written Cancellation request, whichever is later. Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, within 30 days of receipt of proof of your death.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting, other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage in the form of an expense incurred benefit for covered long term care expenses, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care Services, Home Health Care Services, and Hospice Care Services. Benefits are also provided for Respite Care, Bed Reservation, Caregiver Training, an Alternative Plan of Care, and a Care Coordination Advisor.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract and is the number of days in which you: must be Chronically Ill; have received care in either a Nursing Facility or an Assisted Living Facility, or have received Home and Community Care, and have not received Benefit Payments under the Contract. You may choose an Elimination Period of 7, 30, 60, 90, 180, or 365 days. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit and Benefit Period are shown on the Policy Schedule. All benefits paid under the Contract

accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. However, for Home and Community Care Benefits, only an amount up to the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.

Facility Care Benefit - If you are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Facility Care Daily Benefit available ranges from \$50 to \$500 per day in increments of \$10.

Home and Community Care Benefit - We will pay up to the Home and Community Care Daily Benefit elected on the application for covered Home Health Care Services, Adult Day Care Services, and Hospice Care Services, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Home and Community Care Daily Benefit available is 70%, 100%, or 130% of the elected Facility Care Daily Benefit.

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically Ill.

Respite Care Benefit - If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit, or the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit.

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Bed Reservation Benefit - If you are receiving Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit and Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) as if you were still confined in the Nursing Facility or Assisted Living Facility if you

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility, and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations

This benefit is subject to the Eligibility for Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period. This benefit is available for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit elected on the application) shown on the Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us.

The Alternative Plan of Care Benefit provides benefits for services which may include equipment purchases or rentals, permanent or temporary

modifications to your Home (such as ramps or rails), or care services not normally covered under other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period.

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period.

ADDITIONAL BENEFIT OPTIONS

Calendar Day Elimination Period - For additional premium, if you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period.

Home and Community Care Monthly Benefit - For additional premium, if you are receiving Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

Monthly Indemnity Benefit - For additional premium, this benefit provides a Monthly Indemnity Benefit amount in any month that you receive Benefit Payments under the Facility Care Benefit or Home and Community Care Benefit. The Monthly Indemnity Benefit amount is shown on the Policy Schedule. This amount is calculated as the percentage (10%, 25%, or 50%) of the Facility Care Daily Benefit elected on the application multiplied by 30.

Return of Premium Upon Death Benefit - For additional premium, this benefit pays a Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, excluding any premiums waived, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, excluding any premiums waived, this Return of Premium Upon Death Benefit will be zero.

Full Return of Premium Upon Death Benefit - For additional premium, this benefit pays a Full Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, excluding any premiums waived.

Restoration of Benefits - For additional premium, if benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored, plus increases per your benefit increase rider, if any, if for a period of 180 consecutive days.

- the Contract is In Force,
- you are not receiving Benefit Payments, and
- you are no longer Chronically Ill

The Maximum Lifetime Benefit may be restored an unlimited number of times.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.

Limitations or Conditions on Eligibility for Benefits - To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following:

- the Contract must be In Force,
- you must have satisfied the Elimination Period, unless otherwise stated;
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner, and
- you must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy.

Benefit Payments - We will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

IMPORTANT DEFINITIONS

Activities of Daily Living (ADLs) are the following.

- Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.

- **Dressing** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs
- **Eating** Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously.
- **Toileting** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring** Moving into or out of a bed, chair, or wheelchair.

Chronically Ill means you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days, or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury

Licensed Social Worker is a person who is

- licensed by the state, if required, and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract

Physician is a person who

- is licensed to practice medicine and surgery and prescribe and administer drugs,
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under the Contract for insurance purposes, according to applicable state insurance laws, or
- meets the requirements of section 1861(r)(1) of the Social Security Act

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract

Qualified Long Term Care Services are care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit; and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in

- short or long term memory,
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year),
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- deductive or abstract reasoning

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

Substantial Assistance means stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means the direct physical assistance of another person

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction
- that result from participating in a felony, in a riot, or an insurrection.
- that result from an act of war, declared or undeclared, or during service in the armed forces
- that result from your intentionally self-inflicted injury
- provided outside the 50 states of the United States, the District of Columbia, or Canada [, except as described in the International Coverage Benefit Rider].
- provided to you by an Immediate Family Member or someone living in your Home
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional Inflation Protection Riders described later in this outline.

Terms Under Which the Contract May Be Continued In Force or Discontinued - RENEWABILITY - THE CONTRACT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time. Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium Benefit - If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section. We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill.

Premiums will not be waived if you are only receiving benefits under the Respite Care Benefit, Caregiver Training Benefit, Alternative Plan of Care Benefit, or Care Coordination Advisor Benefit

Grace Period - Except for the first premium, you will have 65 days after each due date to pay the premium due. If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium. Notice is considered to have been given as of 5 days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium. The Contract remains In Force during the Grace Period.

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

ELIMINATION PERIOD: ☐ 7 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days ☐ 365 Days]

UNDERWRITING CLASS APPLIED FOR:

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:

(choice of [\$50 - \$500 in increments of \$10]) \$ _____

INDEMNITY BENEFIT OPTION APPLIED FOR: (choose percentage of Facility Care Daily Benefit to receive as cash) ☐ 0% ☐ 10% (Monthly Indemnity Benefit) ☐ 25% (Monthly Indemnity Benefit)

☐ 50% (Monthly Indemnity Benefit) ☐ 100% (Full Indemnity Benefit – FCDB cannot exceed \$250)

MAXIMUM HOME AND COMMUNITY CARE DAILY BENEFIT APPLIED FOR:

(choose percentage of Maximum Facility Care Daily Benefit) ☐ 70% ☐ 100% ☐ 130%

BENEFIT PERIOD APPLIED FOR: ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 8 Years*

☐ Lifetime*]

OPTIONAL BENEFITS

INFLATION PROTECTION RIDERS:

- ☐ None
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 5% Lifetime Compound Benefit Increase Rider
- ☐ Two Times Compound Benefit Increase Rider
- ☐ Simple Benefit Increase Rider

NONFORFEITURE BENEFIT RIDER:

- ☐ None
- ☐ Shortened Benefit Rider

RETURN OF PREMIUM OPTIONS:

- ☐ Return of Premium Upon Death Benefit
- ☐ Full Return of Premium Upon Death Benefit

PREMIUM PAYMENT OPTIONS:

- ☐ Continuous Pay
- ☐ Ten-Year Premium Payment Rider (not available if over age 55)*
- ☐ Paid Up at Age 65 Rider (not available if over age 55)*

ADDITIONAL BENEFIT RIDERS:

- ☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180 or 365-day Elimination Period)
- ☐ Spousal Shared Care Rider (the two insureds' plans must be identical)*
- ☐ Spousal Waiver of Premium Rider
- ☐ Spousal Survivorship Rider

ADDITIONAL BENEFIT OPTIONS:

- ☐ Home and Community Care Monthly Benefit
- ☐ Calendar Day Elimination Period
- ☐ Restoration of Benefits (not available with Lifetime Benefit Period or Spousal Shared Care Rider)*

***Not available with 100% Indemnity Benefit Option**

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	\$	_____
Elimination Period Factor	x	_____
Underwriting Rate Class Factor	x	_____
Indemnity Benefit Factor	x	_____
Inflation Protection Rider Factor	x	_____
Nonforfeiture Benefit Rider Factor	x	_____
Return of Premium Benefit Factor	x	_____
Waiver of Home and Community Care Elimination Period Rider Factor	x	_____
Home and Community Care Monthly Benefit Factor	x	_____
Calendar Day Elimination Period Factor	x	_____
Restoration of Benefits Factor	x	_____
Spousal Shared Care Rider Factor	x	_____
Spousal Waiver of Premium Rider Factor	x	_____
Spousal Survivorship Rider Factor	x	_____
Premium Payment Option Factor	x	_____
Subtotal	=	_____
Discount Factor	x	_____
TOTAL ANNUAL PREMIUM:	\$	_____

PREMIUM PAYMENT MODE: (must elect one)

[☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly/PAC ☐ Monthly Credit Card] x _____

TOTAL MODAL PREMIUM: \$ _____

ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health

Counseling and Assistance - The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline: 800/552-3402

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[International Coverage Benefit Rider - If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract while you are outside the 50 states of the United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care Daily Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit elected on the application times 730 days.]

Coverage Enhancement Rider - Every five years, any of the following enhancement options are available under this Rider without underwriting at an additional premium: (1) Increase the Facility Care Daily Benefit to reflect the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care; (2) Decrease the Elimination period to the next available Elimination period, and (3) Increase the Benefit Period to the next available

Benefit Period. However, the Benefit Period may not be increased to the Lifetime Benefit Period. If the Full Indemnity Benefit Rider is elected, only the first enhancement option will be available.

This Rider will not be issued if the Paid Up at Age 65 Rider or Ten-Year Premium Payment Rider is elected.

Paid Up at Age 65 Rider - For additional premium, this Rider will provide you with a paid-up Contract if you have paid the required premium each year until the first Policy Anniversary following your 65th birthday. Premium paid includes premium waived under the Waiver of Premium Benefit provision.

Ten-Year Premium Payment Rider - For additional premium, this Rider will provide you with a paid-up Contract once you have paid the required premium for ten Policy Years. Premium paid includes premium waived under the Waiver of Premium Benefit provision.

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses.

Contingent Benefit Upon Lapse Rider - This Rider is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the following options are made available: a reduction of Contract benefits provided by your current coverage so that

premiums are not increased, or a conversion of the Contract to paid-up status with a Shortened Benefit Period

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of conversion. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a "substantial premium increase." If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not been converted or Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy.

Waiver of Home and Community Care Elimination Period Rider – For additional premium, the Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

Full Indemnity Benefit Rider – For additional premium, this Rider provides an Indemnity Benefit in any month that you are Chronically Ill and have satisfied the Elimination Period. The Indemnity Benefit amount is shown on the Policy Schedule. This amount is calculated as the Facility Care Daily Benefit elected on the application multiplied by 30. The Indemnity Benefit is in lieu of reimbursement of the Facility Care Daily Benefit and Home and Community Care Daily Benefit for actual expenses incurred.

Household Discount Rider – This Rider provides a discount on the premium because you are living with someone who has, or is issued an, Allianz Life long term care insurance Contract that is still In Force. If someone with whom you are living is issued a Contract at a later date, we will provide the household discount once we are notified of such.

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider. If you become married after the Contract is issued, we will provide the married discount once we are notified of such.

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider. If your spouse was already issued a Contract or is issued a Contract at a later date, we will provide the spousal discount once we are notified of such.

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid[, less 365 times the facility care daily benefit].

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid[, less 365 times the facility care daily benefit].

Spousal Waiver of Premium Rider - For additional premium, if the Insured Spouse's premiums are being waived, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums

are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.

Spousal Survivorship Rider - For additional premium, this Rider provides for premiums to be paid up if

- the Contract is In Force for 10 Policy Years,
- the Insured Spouse's contract is in force for 10 policy years, and
- the Insured Spouse dies

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased.

The 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders increase benefits as follows

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the Indemnity Benefit (if the Full Indemnity Benefit Rider is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The Two Times Compound Benefit Increase Rider increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary
- the Indemnity Benefit (if the Full Indemnity Benefit Rider is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- The remaining Maximum Lifetime Benefit will be increased by 5%

Annual increases will occur each year until the current benefit amount first exceeds two times the original benefit amount.

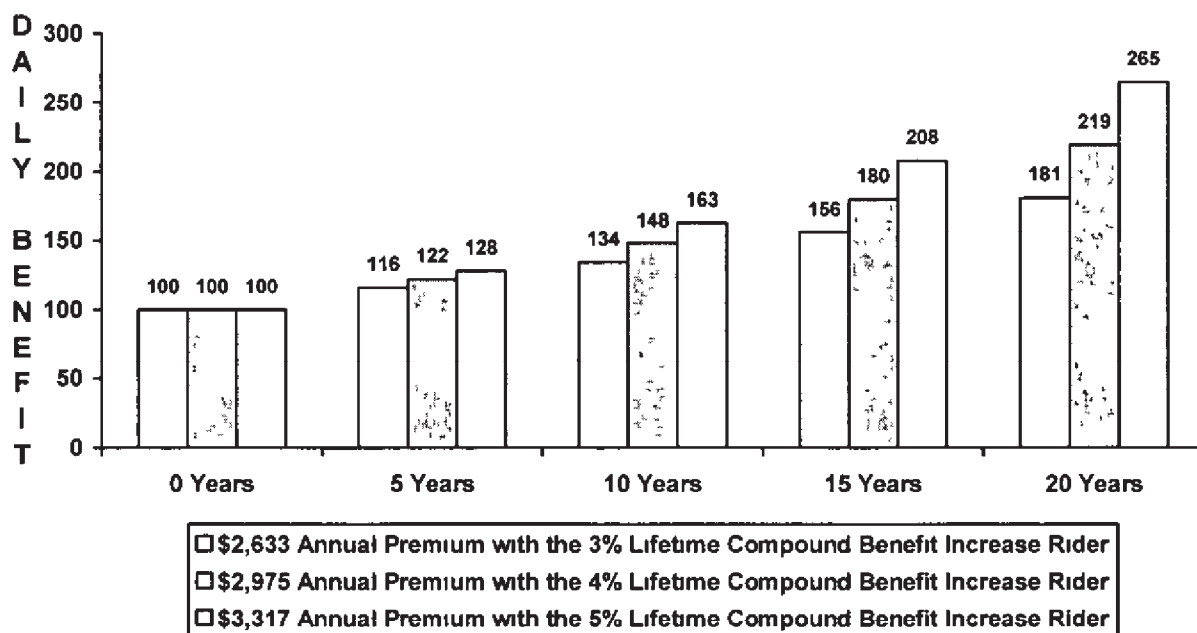
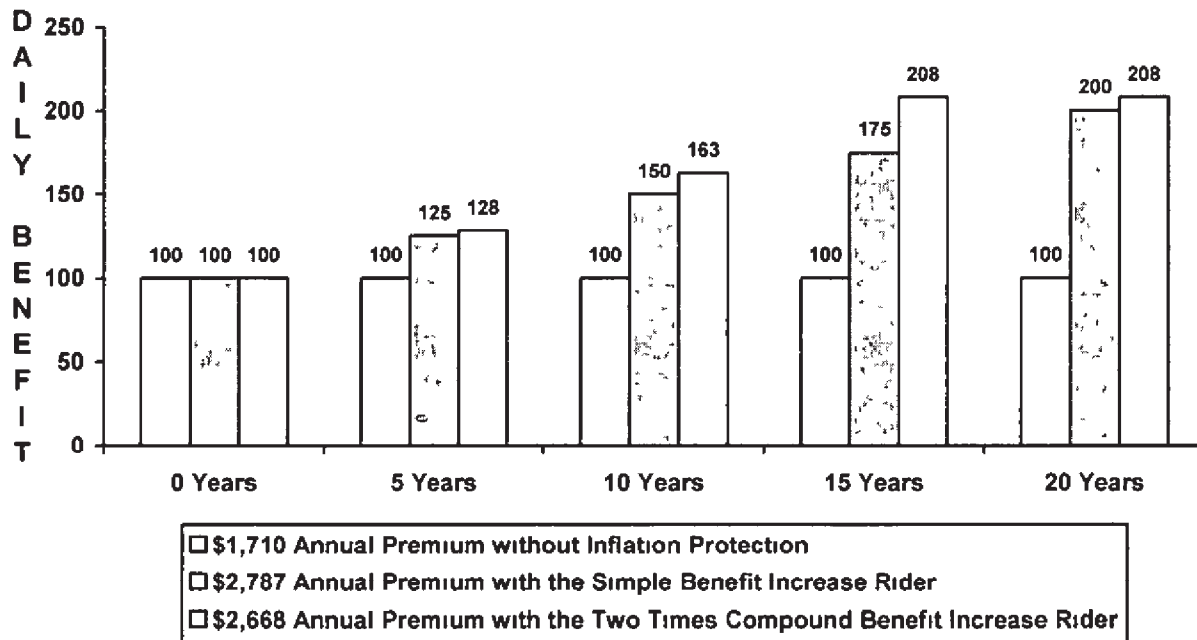
The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The Simple Benefit Increase Rider increases benefits as follows

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount shown on the current Policy Schedule
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 5% of the amount shown on the current Policy Schedule.
- the Indemnity Benefit (if the Full Indemnity Benefit Rider is elected) will be increased by 5% of the amount shown on the current Policy Schedule
- the remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a 90-day Elimination Period, a \$100 Facility Care Daily Benefit, a \$100 Home and Community Care Daily Benefit, a Lifetime Benefit Period, and a Preferred rating classification.



Allianz Life Insurance Company of North America
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800/729-8505]



OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 11-P-Q-VA

THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT

As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

CAUTION: The Contract may not apply when you have a claim! Please read! The issuance of the long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your responses are incorrect or untrue, we have the right to deny benefits or rescind the Contract, subject to the policy's Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number shown above.

NOTICE TO BUYER: The Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations

The Contract is an individual Contract of insurance

Purpose of Outline of Coverage - This outline of coverage provides a very brief description of the important features of the Contract. You should compare this outline of coverage to outlines of coverage for other contracts available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Contract contains governing contractual provisions. This means that the Contract sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE CONTRACT CAREFULLY!**

Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. If the Contract is Cancelled by you or Terminated by us after 30 days, we will return to

you any unearned premium for the Contract within 30 days of the effective date of such Cancellation or Termination. The effective date of the Cancellation is the date we receive your written Cancellation request or a later date specified in your written Cancellation request, whichever is later. Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, within 30 days of receipt of proof of your death.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting, other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage in the form of an expense incurred benefit for covered long term care expenses, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care Services, Home Health Care Services, and Hospice Care Services. Benefits are also provided for Respite Care, Bed Reservation, Caregiver Training, an Alternative Plan of Care, and a Care Coordination Advisor.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract and is the number of days in which you must be Chronically Ill, have received care in either a Nursing Facility or an Assisted Living Facility, or have received Home and Community Care, and have not received Benefit Payments under the Contract. You may choose an Elimination Period of 90, 180, or 365 days. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit and Benefit Period are shown on the Policy Schedule. All benefits paid under the Contract

accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. However, for Home and Community Care Benefits, only an amount up to the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.

Facility Care Benefit - If you are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Facility Care Daily Benefit available ranges from \$50 to \$200 per day in increments of \$10.

Home and Community Care Benefit - We will pay up to the Home and Community Care Daily Benefit elected on the application for covered Home Health Care Services, Adult Day Care Services, and Hospice Care Services, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Home and Community Care Daily Benefit available is 70%, 100%, or 130% of the elected Facility Care Daily Benefit.

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically Ill.

Respite Care Benefit - If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit, or the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit.

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year

Bed Reservation Benefit - If you are receiving Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit as if you were still confined in the Nursing Facility or Assisted Living Facility if you.

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility, and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations

This benefit is subject to the Eligibility for Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period. This benefit is available for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit elected on the application) shown on the Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us

The Alternative Plan of Care Benefit provides benefits for services which may include equipment purchases or rentals, permanent or temporary modifications to your Home (such as ramps or rails), or care services not normally covered under

other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period

ADDITIONAL BENEFIT OPTIONS

Calendar Day Elimination Period - For additional premium, if you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period

Home and Community Care Monthly Benefit - For additional premium, if you are receiving Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month

Return of Premium Upon Death Benefit - For additional premium, this benefit pays a Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to

the total of premiums paid for the Contract, excluding any premiums waived, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, excluding any premiums waived, this Return of Premium Upon Death Benefit will be zero.

Full Return of Premium Upon Death Benefit -

For additional premium, this benefit pays a Full Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, excluding any premiums waived.

Restoration of Benefits - For additional premium, if benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored, plus increases per your benefit increase rider, if any, if for a period of 180 consecutive days:

- the Contract is In Force,
- you are not receiving Benefit Payments; and
- you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

<p>ELIGIBILITY FOR THE PAYMENT OF BENEFITS</p>

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.

Limitations or Conditions on Eligibility for Benefits - To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following:

- the Contract must be In Force,
- you must have satisfied the Elimination Period, unless otherwise stated,
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner, and
- you must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy.

Benefit Payments - We will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

<p>IMPORTANT DEFINITIONS</p>

Activities of Daily Living (ADLs) are the following:

- **Bathing** - Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- **Continence** - The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.
- **Dressing** - Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating** - Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously.
- **Toileting** - Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring** - Moving into or out of a bed, chair, or wheelchair.

Chronically Ill means you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as:

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days, or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury

Licensed Social Worker is a person who is

- licensed by the state, if required; and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract.

Physician is a person who:

- is licensed to practice medicine and surgery and prescribe and administer drugs,
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under the Contract for insurance purposes, according to applicable state insurance laws; or
- meets the requirements of section 1861(r)(1) of the Social Security Act

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract

Qualified Long Term Care Services are care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit, and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- short or long term memory,
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year),
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

Substantial Assistance means stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means the direct physical assistance of another person

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction
- that result from participating in a felony, in a riot, or an insurrection
- that result from an act of war, declared or undeclared, or during service in the armed forces.

- that result from your intentionally self-inflicted injury
- provided outside the 50 states of the United States, the District of Columbia, or Canada [, except as described in the International Coverage Benefit Rider]
- provided to you by an Immediate Family Member or someone living in your Home.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional Inflation Protection Riders described later in this outline

Terms Under Which the Contract May Be Continued In Force or Discontinued - RENEWABILITY THE CONTRACT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time. Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY

Waiver of Premium Benefit - If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section. We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill.

Premiums will not be waived if you are only receiving benefits under the Respite Care Benefit, Caregiver Training Benefit, Alternative Plan of Care Benefit, or Care Coordination Advisor Benefit

Grace Period - Except for the first premium, you will have 65 days after each due date to pay the premium due. If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium. Notice is considered to have been given as of 5 days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium. The Contract remains In Force during the Grace Period.

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

ELIMINATION PERIOD: ☐ 90 Days ☐ 180 Days ☐ 365 Days]

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:

(choice of [\$50 - \$200 in increments of \$10]) \$ _____

MAXIMUM HOME AND COMMUNITY CARE DAILY BENEFIT APPLIED FOR:

(choose percentage of Maximum Facility Care Daily Benefit) ☐ 70% ☐ 100% ☐ 130%

BENEFIT PERIOD APPLIED FOR: ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years]

OPTIONAL BENEFITS

INFLATION PROTECTION RIDERS:

- ☐ None
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 5% Lifetime Compound Benefit Increase Rider
- ☐ Two Times Compound Benefit Increase Rider
- ☐ Simple Benefit Increase Rider

NONFORFEITURE BENEFIT RIDER:

- ☐ None
- ☐ Shortened Benefit Rider

ADDITIONAL BENEFIT RIDERS:

- ☐ Spousal Shared Care Rider (the two insureds' plans must be identical)
- ☐ Spousal Waiver of Premium Rider
- ☐ Spousal Survivorship Rider

ADDITIONAL BENEFIT OPTIONS:

- ☐ Home and Community Care Monthly Benefit
- ☐ Calendar Day Elimination Period
- ☐ Restoration of Benefits (not available with Spousal Shared Care Rider)

RETURN OF PREMIUM OPTIONS:

- ☐ Return of Premium Upon Death Benefit
- ☐ Full Return of Premium Upon Death Benefit

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	\$ _____
Elimination Period Factor	x _____
Inflation Protection Rider Factor	x _____
Nonforfeiture Benefit Rider Factor:	x _____
Return of Premium Benefit Factor	x _____
Home and Community Care Monthly Benefit Factor:	x _____
Calendar Day Elimination Period Factor	x _____
Restoration of Benefits Factor	x _____
Spousal Shared Care Rider Factor	x _____
Spousal Waiver of Premium Rider Factor:	x _____
Spousal Survivorship Rider Factor.	x _____
Subtotal	= _____
Discount Factor:	x _____
TOTAL ANNUAL PREMIUM:	\$ _____

PREMIUM PAYMENT MODE: (must elect one)

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly/PAC ☐ Monthly Credit Card] x _____

TOTAL MODAL PREMIUM: \$ _____

ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health.

Counseling and Assistance - The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline 800/552-3402

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[International Coverage Benefit Rider - If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract while you are outside the 50 states of the United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care Daily Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section.

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit elected on the application times 730 days]

Coverage Enhancement Rider - Every five years, the following enhancement option is available under this Rider without underwriting at an additional premium. Increase the Facility Care Daily Benefit to reflect the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses.

Contingent Benefit Upon Lapse Rider - This Rider is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the following options are made available: a reduction of Contract benefits provided by your current coverage so that premiums are not increased; or a conversion of the Contract to paid-up status with a Shortened Benefit Period.

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase.

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of conversion. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a "substantial premium increase." If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not been converted or Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy

Household Discount Rider – This Rider provides a discount on the premium because you are living with someone who has, or is issued an, Allianz Life long term care insurance Contract that is still In Force. If someone with whom you are living is issued a Contract at a later date, we will provide the household discount once we are notified of such.

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider. If you become married after the Contract is issued, we will provide the married discount once we are notified of such.

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider. If your spouse was already issued a Contract or is issued a Contract at a later date, we will provide the spousal discount once we are notified of such.

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid[, less 365 times the facility care daily benefit].

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid[, less 365 times the facility care daily benefit].

Spousal Waiver of Premium Rider - For additional premium, if the Insured Spouse's premiums are being waived, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.

Spousal Survivorship Rider - For additional premium, this Rider provides for premiums to be paid up if:

- the Contract is In Force for 10 Policy Years,
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased.

The 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders increase benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The Two Times Compound Benefit Increase Rider increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary
- The remaining Maximum Lifetime Benefit will be increased by 5%

Annual increases will occur each year until the current benefit amount first exceeds two times the original benefit amount

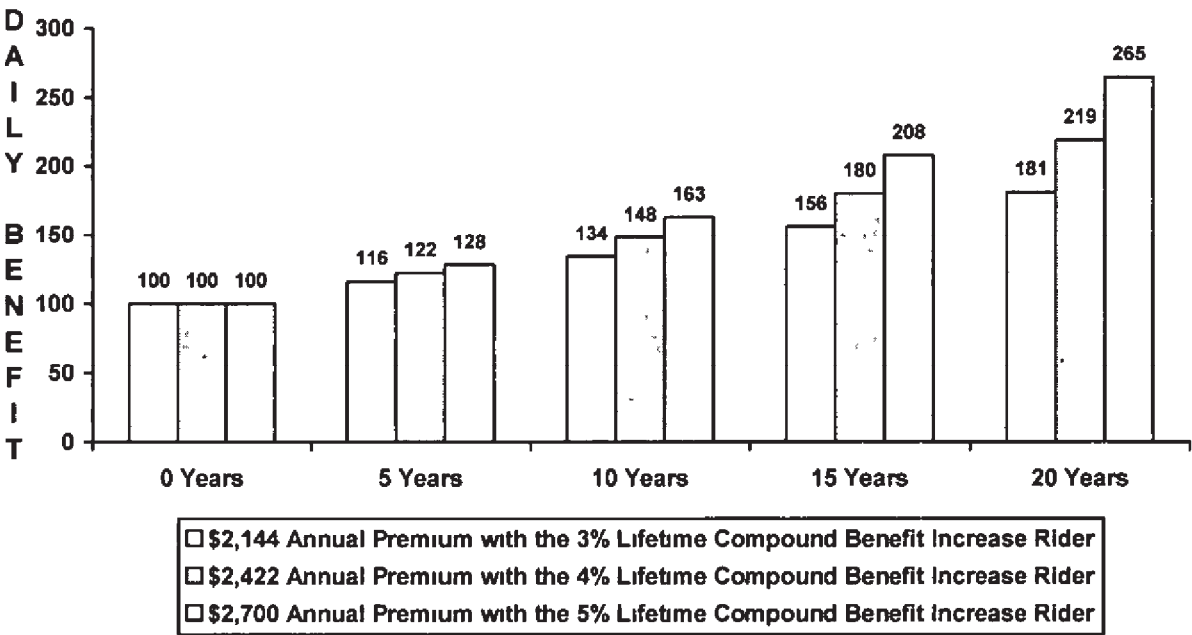
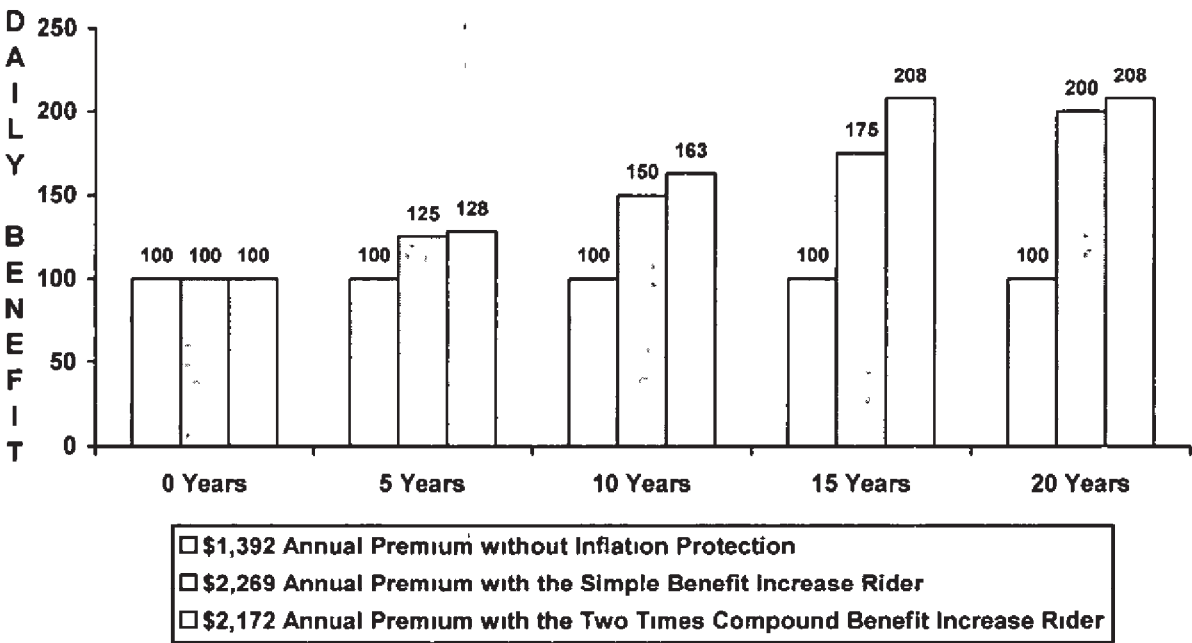
The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The **Simple Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount shown on the current Policy Schedule.
- the remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a 90-day Elimination Period, a \$100 Facility Care Daily Benefit, a \$100 Home and Community Care Daily Benefit, a 5-year Benefit Period, and a Standard rating classification



Allianz Life Insurance Company of North America
[Home Office Minneapolis, MN]
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]



OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 11-P-Q-VA

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Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. If the Contract is Cancelled by you or Terminated by us after 30 days, we will return to

you any unearned premium for the Contract within 30 days of the effective date of such Cancellation or Termination. The effective date of the Cancellation is the date we receive your written Cancellation request or a later date specified in your written Cancellation request, whichever is later. Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, within 30 days of receipt of proof of your death.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting, other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage in the form of an expense incurred benefit for covered long term care expenses, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care Services, Home Health Care Services, and Hospice Care Services. Benefits are also provided for Respite Care, Bed Reservation, Caregiver Training, an Alternative Plan of Care, and a Care Coordination Advisor.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract. It is the number of calendar days in which you are Chronically Ill and have not received Benefit Payments under the Contract. The Elimination Period is shown on the Policy Schedule. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill counts toward the Elimination Period. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit and Benefit Period are shown on the Policy

Schedule. All benefits paid under the Contract accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. However, for Home and Community Care Benefits, only an amount up to the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.

Facility Care Benefit - If you are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Facility Care Daily Benefit available ranges from \$50 to \$500 per day in increments of \$10.

Home and Community Care Benefit - We will pay up to the Home and Community Care Daily Benefit elected on the application for covered Home Health Care Services, Adult Day Care Services, and Hospice Care Services, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Home and Community Care Daily Benefit available is 70%, 100%, or 130% of the elected Facility Care Daily Benefit.

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically Ill.

Respite Care Benefit - If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit, or the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit.

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Bed Reservation Benefit - If you are receiving Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit and Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) as if you were still confined in the Nursing Facility or Assisted Living Facility if you:

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility; and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations.

This benefit is subject to the Eligibility for Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period. This benefit is available for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit elected on the application) shown on the Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us.

The Alternative Plan of Care Benefit provides benefits for services which may include equipment purchases or rentals, permanent or temporary modifications to your Home (such as ramps or rails), or care services not normally covered under other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period.

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period.

ADDITIONAL BENEFIT OPTIONS

Home and Community Care Monthly Benefit - For additional premium, if you are receiving Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

Monthly Indemnity Benefit - For additional premium, this benefit provides a Monthly Indemnity Benefit amount in any month that you receive Benefit Payments under the Facility Care Benefit or Home and Community Care Benefit. The Monthly Indemnity Benefit Amount is shown on the Policy Schedule. This amount is calculated

as the percentage (25%) of the Facility Care Daily Benefit elected on the application multiplied by 30

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.

Limitations or Conditions on Eligibility for Benefits – To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following

- the Contract must be In Force;
- you must have satisfied the Elimination Period, unless otherwise stated;
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner; and
- you must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy

Benefit Payments - We will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

IMPORTANT DEFINITIONS

Activities of Daily Living (ADLs) are the following

- **Bathing** Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower
- **Continence** The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag
- **Dressing** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

- **Eating** Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously
- **Toileting** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring** Moving into or out of a bed, chair, or wheelchair

Chronically Ill means you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days, or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury

Licensed Social Worker is a person who is

- licensed by the state, if required, and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract

Physician is a person who

- is licensed to practice medicine and surgery and prescribe and administer drugs,
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under

the Contract for insurance purposes, according to applicable state insurance laws, or

- meets the requirements of section 1861(r)(1) of the Social Security Act

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract.

Qualified Long Term Care Services are care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit, and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit.

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed.

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract.

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- short or long term memory,
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year),
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others, or
- deductive or abstract reasoning

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

Substantial Assistance means stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-

by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means the direct physical assistance of another person.

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s)

- for alcoholism or drug addiction
- that result from participating in a felony, in a riot, or an insurrection
- that result from an act of war, declared or undeclared, or during service in the armed forces
- that result from your intentionally self-inflicted injury
- provided outside the 50 states of the United States, the District of Columbia, or Canada [, except as described in the International Coverage Benefit Rider]
- provided to you by an Immediate Family Member or someone living in your Home
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional

Inflation Protection Riders described later in this outline.

Terms Under Which the Contract May Be Continued In Force or Discontinued - RENEWABILITY. THE CONTRACT IS GUARANTEED RENEWABLE This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time. Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY

Waiver of Premium Benefit - If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section. We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill.

Premiums will not be waived if you are only receiving benefits under the Respite Care Benefit, Caregiver Training Benefit, Alternative Plan of Care Benefit, or Care Coordination Advisor Benefit

Grace Period - Except for the first premium, you will have 65 days after each due date to pay the premium due. If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium. Notice is considered to have been given as of 5 days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium. The Contract remains In Force during the Grace Period

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

UNDERWRITING CLASS APPLIED FOR:

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:

(choice of [\$50 - \$500 in increments of \$10]) \$ _____

BENEFIT PERIOD APPLIED FOR: [☐ 3 Years ☐ 4 Years ☐ 5 Years]

INFLATION PROTECTION RIDERS:

☐ None ☐ 5% Lifetime Compound Benefit Increase Rider
☐ 3% Lifetime Compound Benefit Increase Rider ☐ Two Times Compound Benefit Increase Rider
☐ 4% Lifetime Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

NONFORFEITURE BENEFIT RIDER:

☐ None
☐ Shortened Benefit Rider

BENEFIT PACKAGES

☐ **PACKAGE A:**

70% Home and Community Care Daily Benefit
90-calendar day Elimination Period

☐ **PACKAGE B:**

100% Home and Community Care Daily Benefit
90-calendar day Elimination Period
Home and Community Care Monthly Benefit

☐ **PACKAGE C:**

130% Home and Community Care Daily Benefit
90-calendar day Elimination Period
Home and Community Care Monthly Benefit
25% Monthly Indemnity Benefit

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	\$ _____
Elimination Period Factor	x _____
Underwriting Rate Class Factor	x _____
Inflation Protection Rider Factor	x _____
Nonforfeiture Benefit Rider Factor	x _____
Calendar Day Elimination Period Factor	x _____
Home and Community Care Monthly Benefit Factor	x _____
Monthly Indemnity Benefit Factor	x _____
Spousal Shared Care Rider Factor	x _____
Subtotal	= _____
Discount Factor	x _____
TOTAL ANNUAL PREMIUM:	\$ _____

PREMIUM PAYMENT MODE: (must elect one)

[☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly/PAC ☐ Monthly Credit Card] x _____

TOTAL MODAL PREMIUM: \$ _____

ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health

Counseling and Assistance - The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline 800/552-3402

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[International Coverage Benefit Rider - If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract while you are outside the 50 states of the United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care Daily Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit elected on the application times 730 days]

Coverage Enhancement Rider - Every five years, the following enhancement option is available under this Rider without underwriting at an additional premium. Increase the Facility Care Daily Benefit to reflect the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses

Contingent Benefit Upon Lapse Rider - This Rider is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the following options are made available: a reduction of Contract benefits provided by your current coverage so that premiums are not increased; or a conversion of the Contract to paid-up status with a Shortened Benefit Period

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of conversion. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a "substantial premium increase." If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not been converted or Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy

Household Discount Rider – This Rider provides a discount on the premium because you are living with someone who has, or is issued an, Allianz Life long term care insurance Contract that is still In Force. If someone with whom you are living is issued a Contract at a later date, we will provide the household discount once we are notified of such

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider. If you become married after the Contract is issued, we will provide the married discount once we are notified of such

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider. If your spouse was already issued a Contract or is issued a Contract at a later date, we will provide the spousal discount once we are notified of such

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid[, less 365 times the facility care daily benefit]

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid[, less 365 times the facility care daily benefit]

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased

The 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders increase benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above

The Two Times Compound Benefit Increase Rider increases benefits as follows

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary
- The remaining Maximum Lifetime Benefit will be increased by 5%

Annual increases will occur each year until the current benefit amount first exceeds two times the original benefit amount

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above

The **Simple Benefit Increase Rider** increases benefits as follows

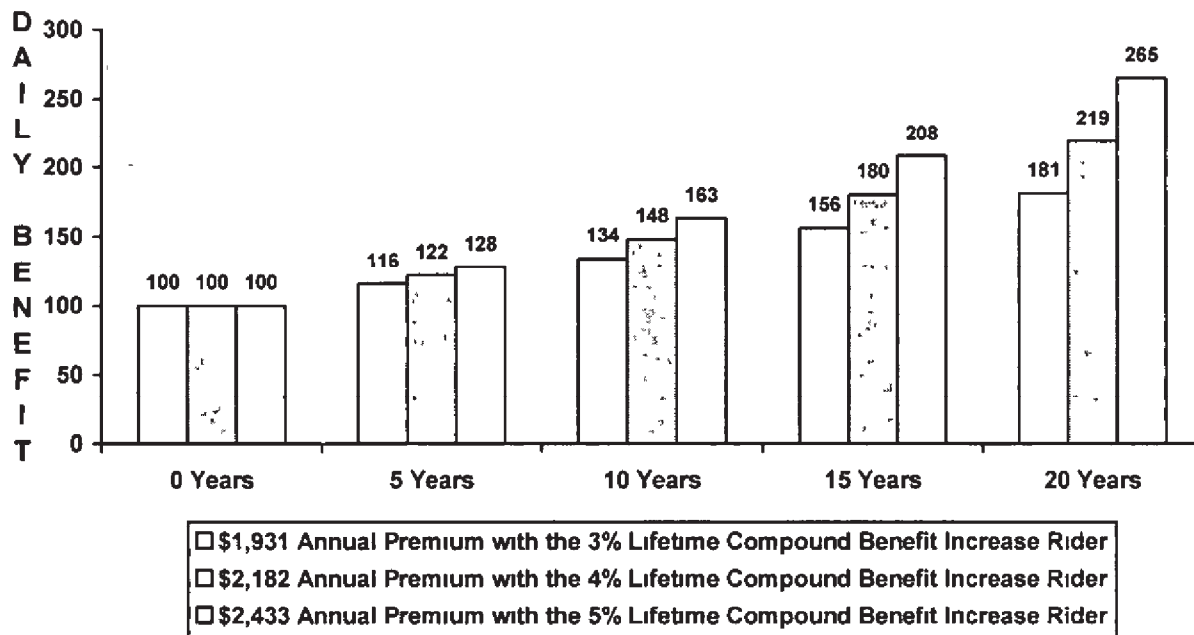
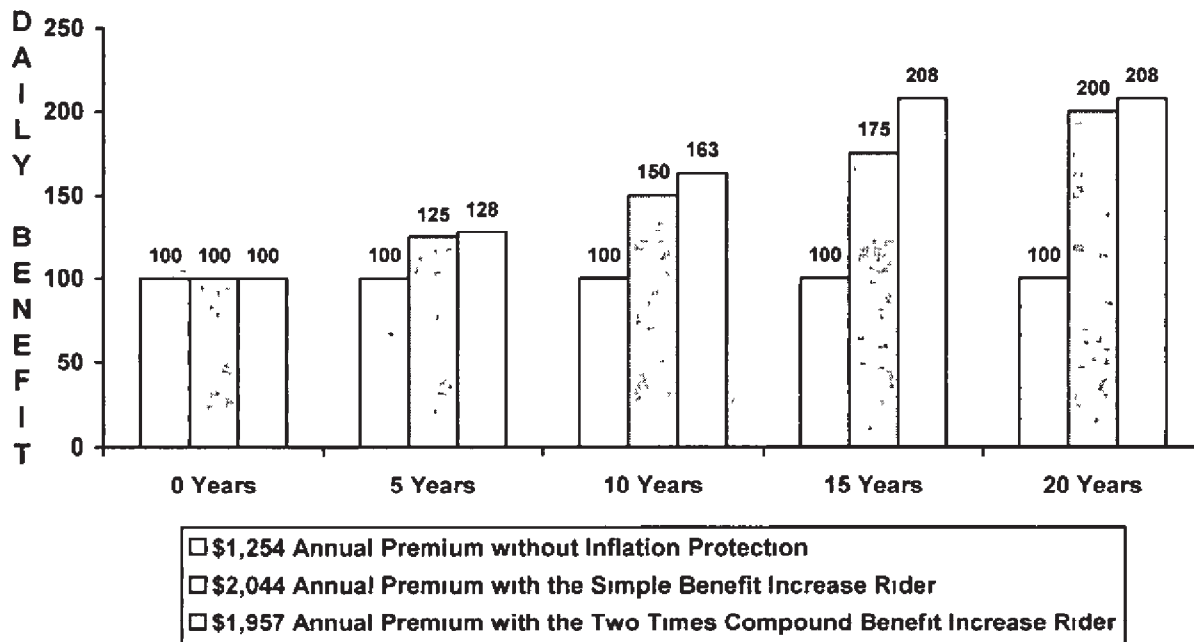
- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount shown on the current Policy Schedule.
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be

increased by 5% of the amount shown on the current Policy Schedule

- the remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a \$100 Facility Care Daily Benefit, a 5-year Benefit Period, Package B, and a Standard rating classification.



Allianz Life Insurance Company of North America
[Home Office. Minneapolis, MN]
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]



OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 11-P-Q-VA

THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT

As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

CAUTION: The Contract may not apply when you have a claim! Please read! The issuance of the long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your responses are incorrect or untrue, we have the right to deny benefits or rescind the Contract, subject to the policy's Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number shown above.

NOTICE TO BUYER: The Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

The Contract is an individual Contract of insurance.

Purpose of Outline of Coverage - This outline of coverage provides a very brief description of the important features of the Contract. You should compare this outline of coverage to outlines of coverage for other contracts available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Contract contains governing contractual provisions. This means that the Contract sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE CONTRACT CAREFULLY!**

Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. If the Contract is Cancelled by you or Terminated by us after 30 days, we will return to

you any unearned premium for the Contract within 30 days of the effective date of such Cancellation or Termination. The effective date of the Cancellation is the date we receive your written Cancellation request or a later date specified in your written Cancellation request, whichever is later. Upon your death, we will return any unearned premium for the Contract to your Beneficiary, or to your estate if no Beneficiary has been designated, within 30 days of receipt of proof of your death.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting, other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage in the form of an expense incurred benefit for covered long term care expenses, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care Services, Home Health Care Services, and Hospice Care Services. Benefits are also provided for Respite Care, Bed Reservation, Caregiver Training, an Alternative Plan of Care, and a Care Coordination Advisor.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract. It is the number of calendar days in which you are Chronically Ill and have not received Benefit Payments under the Contract. The Elimination Period is shown on the Policy Schedule. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill counts toward the Elimination Period. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit and Benefit Period are shown on the Policy

Schedule. All benefits paid under the Contract accumulate toward the Maximum Lifetime Benefit, unless otherwise stated. However, for Home and Community Care Benefits, only an amount up to the Facility Care Daily Benefit will accumulate toward the Maximum Lifetime Benefit.

Facility Care Benefit - If you are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Facility Care Daily Benefit available ranges from \$50 to \$200 per day in increments of \$10.

Home and Community Care Benefit - We will pay up to the Home and Community Care Daily Benefit elected on the application for covered Home Health Care Services, Adult Day Care Services, and Hospice Care Services, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule. The Home and Community Care Daily Benefit available is 70%, 100%, or 130% of the elected Facility Care Daily Benefit.

The purpose of these services must be primarily to give needed assistance to you as a result of your being Chronically Ill.

Respite Care Benefit - If you are Chronically Ill and are normally cared for by an informal caregiver, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Respite Facility Care Daily Benefit, or the actual expenses you incur for each day you receive Home and Community Care, up to the Respite Home and Community Care Daily Benefit.

The purpose of this benefit is to temporarily relieve an informal caregiver who is providing care to you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Bed Reservation Benefit - If you are receiving Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will continue to pay the Facility Care Daily Benefit and Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) as if you were still confined in the Nursing Facility or Assisted Living Facility if you

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility, and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations

This benefit is subject to the Eligibility for Payment of Benefits section. However, if the Elimination Period has not been satisfied, we will count each day that you are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations toward the Elimination Period. This benefit is available for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you are Chronically Ill, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit elected on the application) shown on the Policy Schedule for expenses incurred for an informal caregiver to receive training to take care of you in your Home. An informal caregiver is any person who is not paid to care for you.

The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us

The Alternative Plan of Care Benefit provides benefits for services which may include, equipment purchases or rentals, permanent or temporary modifications to your Home (such as ramps or rails), or care services not normally covered under other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. We will count each day that has been multiplied by the Facility Care Daily Benefit toward the Elimination Period.

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of care coordination will not be used to satisfy the Elimination Period.

ADDITIONAL BENEFIT OPTIONS

Home and Community Care Monthly Benefit - For additional premium, if you are receiving Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

Monthly Indemnity Benefit - For additional premium, this benefit provides a Monthly Indemnity Benefit amount in any month that you receive Benefit Payments under the Facility Care Benefit or Home and Community Care Benefit. The Monthly Indemnity Benefit Amount is shown on the Policy Schedule. This amount is calculated

as the percentage (25%) of the Facility Care Daily Benefit elected on the application multiplied by 30

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. The Chronic Illness must have begun after the Effective Date.

Limitations or Conditions on Eligibility for Benefits - To receive Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following

- the Contract must be In Force;
- you must have satisfied the Elimination Period, unless otherwise stated,
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner, and
- you must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy

Benefit Payments - We will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

IMPORTANT DEFINITIONS

Activities of Daily Living (ADLs) are the following:

- **Bathing.** Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower
- **Continence.** The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag
- **Dressing.** Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs

- **Eating.** Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously.
- **Toileting.** Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene
- **Transferring.** Moving into or out of a bed, chair, or wheelchair

Chronically Ill means you have been certified, within the previous 12 months, but after the Effective Date, by a Licensed Health Care Practitioner as

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days, or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, a Licensed Social Worker, or other individual who meets such requirements as prescribed by the Secretary of the Treasury.

Licensed Social Worker is a person who is

- licensed by the state, if required, and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract

Physician is a person who

- is licensed to practice medicine and surgery and prescribe and administer drugs,
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under

the Contract for insurance purposes, according to applicable state insurance laws, or

- meets the requirements of section 1861(r)(1) of the Social Security Act

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract

Qualified Long Term Care Services are care provided to you in a Nursing Facility or an Assisted Living Facility under the Facility Care Benefit, and services provided to you through Home Health Care Services, Adult Day Care Services, or Hospice Care Services under the Home and Community Care Benefit.

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in

- short or long term memory,
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year);
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others, or
- deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

Substantial Assistance means stand-by or hands-on assistance without which you would not be able to safely and completely perform the ADL. Stand-

by assistance means the presence of another person within arm's reach of you that is necessary to prevent, by physical intervention, injury to you while you are performing the ADL. Hands-on assistance means the direct physical assistance of another person

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction
- that result from participating in a felony, in a riot, or an insurrection
- that result from an act of war, declared or undeclared, or during service in the armed forces.
- that result from your intentionally self-inflicted injury
- provided outside the 50 states of the United States, the District of Columbia, or Canada [except as described in the International Coverage Benefit Rider]
- provided to you by an Immediate Family Member or someone living in your Home
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits - Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional

Inflation Protection Riders described later in this outline

Terms Under Which the Contract May Be Continued In Force or Discontinued - RENEWABILITY THE CONTRACT IS GUARANTEED RENEWABLE This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY

Waiver of Premium Benefit - If you are Chronically Ill and have satisfied the Elimination Period, we will waive your premium as it comes due, subject to the Eligibility for the Payment of Benefits section We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill

Premiums will not be waived if you are only receiving benefits under the Respite Care Benefit, Caregiver Training Benefit, Alternative Plan of Care Benefit, or Care Coordination Advisor Benefit

Grace Period - Except for the first premium, you will have 65 days after each due date to pay the premium due If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium Notice is considered to have been given as of 5 days after the date of mailing You have an additional 30 days beyond the date this notice was given to pay your premium The Contract remains In Force during the Grace Period

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract, subject to the approval of the state insurance department, only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:

(choice of [\$50 - \$200 in increments of \$10]) \$ _____

BENEFIT PERIOD APPLIED FOR: ☐ 3 Years ☐ 4 Years ☐ 5 Years]

INFLATION PROTECTION RIDERS:

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> 5% Lifetime Compound Benefit Increase Rider |
| <input type="checkbox"/> 3% Lifetime Compound Benefit Increase Rider | <input type="checkbox"/> Two Times Compound Benefit Increase Rider |
| <input type="checkbox"/> 4% Lifetime Compound Benefit Increase Rider | <input type="checkbox"/> Simple Benefit Increase Rider |

NONFORFEITURE BENEFIT RIDER:

- ☐ None
☐ Shortened Benefit Rider

BENEFIT PACKAGES

☐ **PACKAGE A:**

70% Home and Community Care Daily Benefit
90-calendar day Elimination Period

☐ **PACKAGE B:**

100% Home and Community Care Daily Benefit
90-calendar day Elimination Period
Home and Community Care Monthly Benefit

☐ **PACKAGE C:**

130% Home and Community Care Daily Benefit
90-calendar day Elimination Period
Home and Community Care Monthly Benefit
25% Monthly Indemnity Benefit

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	\$ _____
Elimination Period Factor	x _____
Inflation Protection Rider Factor	x _____
Nonforfeiture Benefit Rider Factor	x _____
Calendar Day Elimination Period Factor	x _____
Home and Community Care Monthly Benefit Factor:	x _____
Monthly Indemnity Benefit Factor	x _____
Spousal Shared Care Rider Factor	x _____
Subtotal	= _____
Discount Factor	x _____

TOTAL ANNUAL PREMIUM: \$ _____

PREMIUM PAYMENT MODE: (must elect one)

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly/PAC ☐ Monthly Credit Card] x _____

TOTAL MODAL PREMIUM: \$ _____

ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health.

Counseling and Assistance - The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline 800/552-3402

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[International Coverage Benefit Rider – If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract while you are outside the 50 states of the United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or 70% of the Home and Community Care Daily Benefit. Payment of this benefit is subject to the Eligibility for the Payment of Benefits section.

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit elected on the application times 730 days.]

Coverage Enhancement Rider – Every five years, the following enhancement option is available under this Rider without underwriting at an additional premium. Increase the Facility Care Daily Benefit to reflect the Seasonally Adjusted Consumer Price Index for Nursing Homes and Adult Day Care.

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses.

Contingent Benefit Upon Lapse Rider – This Rider is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a “substantial premium increase,” the following options are made available: a reduction of Contract benefits provided by your current coverage so that premiums are not increased; or a conversion of the Contract to paid-up status with a Shortened Benefit Period.

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase.

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of conversion. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a “substantial premium increase.” If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not been converted or Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy

Household Discount Rider – This Rider provides a discount on the premium because you are living with someone who has, or is issued an, Allianz Life long term care insurance Contract that is still In Force. If someone with whom you are living is issued a Contract at a later date, we will provide the household discount once we are notified of such.

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider. If you become married after the Contract is issued, we will provide the married discount once we are notified of such.

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider. If your spouse was already issued a Contract or is issued a Contract at a later date, we will provide the spousal discount once we are notified of such.

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid[, less 365 times the facility care daily benefit]

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid[, less 365 times the facility care daily benefit]

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased.

The **3%, 4%, and 5% Lifetime Compound Benefit Increase Riders** increase benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary
- the remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%.

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The **Two Times Compound Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- The remaining Maximum Lifetime Benefit will be increased by 5%.

Annual increases will occur each year until the current benefit amount first exceeds two times the original benefit amount.

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The **Simple Benefit Increase Rider** increases benefits as follows:

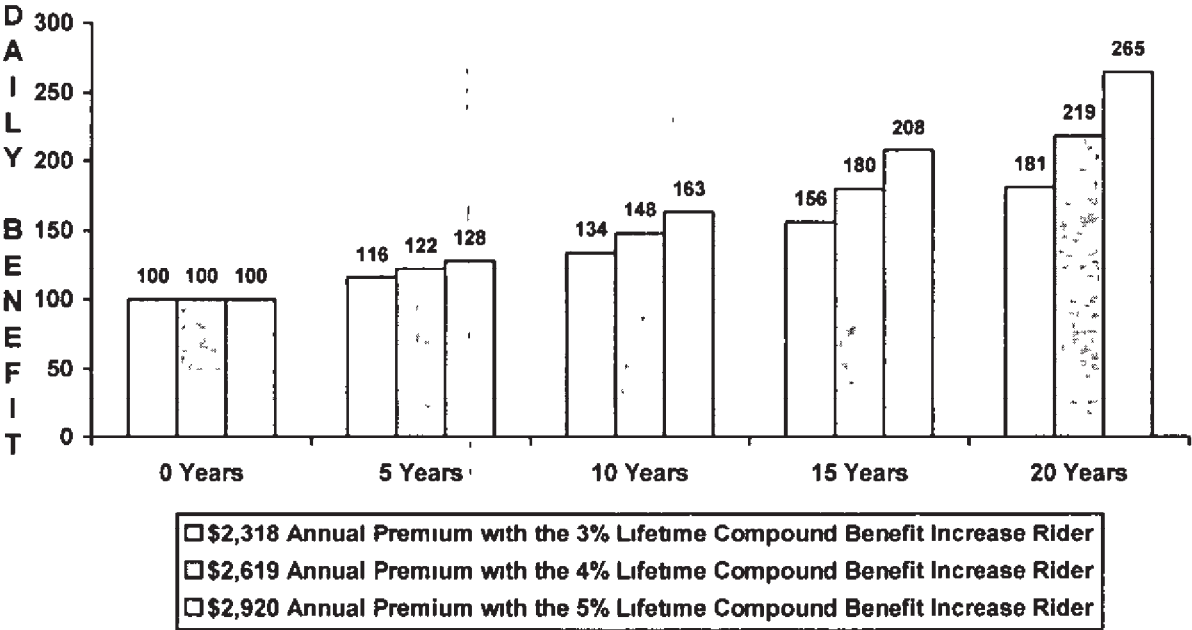
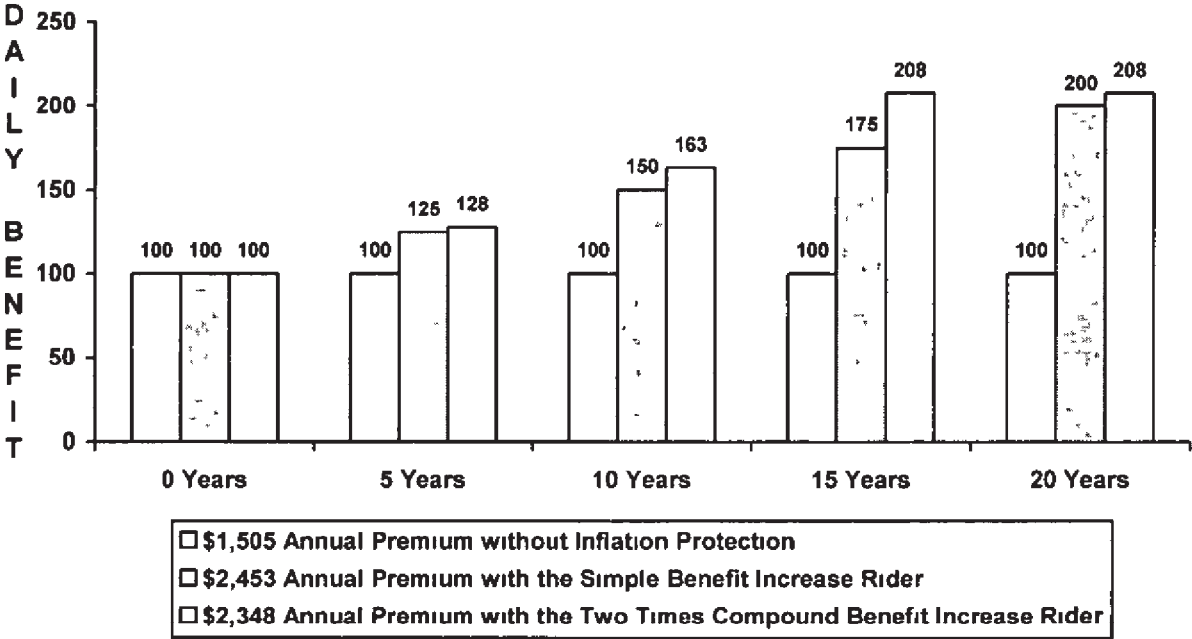
- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount shown on the current Policy Schedule
- the Monthly Indemnity Benefit (if the Monthly Indemnity Benefit option is elected) will be

increased by 5% of the amount shown on the current Policy Schedule

- the remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits

The annual increases will occur even if benefits are being paid. If you Cancel this Rider, you will forfeit all increases provided above.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a \$100 Facility Care Daily Benefit, a 5-year Benefit Period, Package B, and a Standard rating classification.



Component Header

Component 28 - Rev 00
 Created by Tammy Smasal on 05/31/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State Virginia
 State Tracking # 7/26102
 Component Status Approved
 (State)
 Disposition Date None
 Implementation Date None
 Deemer Date None
 Effective Date None
 Requirement None
 Status

SERFF Tracking # SERT-6L7NDC243/00-28/00-00/00
 Component Status Viewed by State
 (SERFF)
 Delivery Date 05/31/2006 10:10:16 AM
 Reviewer Mary Ann Mason, Bob Grissom,
 [Receiver]
 Reviewer Phone None
 Reviewer Fax None
 Primary Reviewer None

Component Information:

Component Type Form
 Lead Form Number 11-P-Q-VA
 Form Title Application for LTC
 Readability Score see certificate
 Requirement None
 Satisfied
 Brief Description Application for LTC
 Filer's Notes None
 Document(s) None

Component Action Initial
 State Specific Code None
 Company Form Number 11-A-FULL-VA, et al
 Replaces Form ch24
 Number

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments. 11-A-FULL-VA(2).pdf, 11-A-SIMP-VA(2).pdf, 11-A-SEL-FULL-VA(2).pdf,
 11-A-SEL-SIMP-VA(2).pdf

Allianz Life Insurance Company
of North America

Home Office Minneapolis, MN 55416-1297

[PO Box 1292
Minneapolis, MN 55440-1292]

Home Office use only	
Allianz assigned policy number(s)	
Primary	<input type="text"/>
Second	<input type="text"/>

Application for
[Generation Protector II™]
Long Term Care Insurance

- ☐ New application
☐ Existing policy change/reinstatement

1. Tell us about yourself

Proposed primary insured

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Social Security number	
<input type="text"/>	<input type="text"/>	
Residence address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day phone number	Evening phone number	Best time to call
<input type="text"/>	<input type="text"/>	<input type="text"/> a.m. <input type="text"/> p.m.
Date of birth (mm/dd/yyyy)	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Height	Weight
	<input type="text"/>	<input type="text"/> lbs
Tobacco use <input type="checkbox"/> Nonsmoker of cigarettes in past 24 months <input type="checkbox"/> Smoker of cigarettes in past 24 months <input type="checkbox"/> Other tobacco use		
Martial status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Spouse <input type="checkbox"/> Alone <input type="checkbox"/> Other		
With whom do you currently live? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy or contract number		
<input type="text"/>		
Type of coverage		

Proposed second insured

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Social Security number	
<input type="text"/>	<input type="text"/>	
Residence address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day phone number	Evening phone number	Best time to call
<input type="text"/>	<input type="text"/>	<input type="text"/> a.m. <input type="text"/> p.m.
Date of birth (mm/dd/yyyy)	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	Height	Weight
	<input type="text"/>	<input type="text"/> lbs
Tobacco use <input type="checkbox"/> Nonsmoker of cigarettes in past 24 months <input type="checkbox"/> Smoker of cigarettes in past 24 months <input type="checkbox"/> Other tobacco use		
Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Policy or contract number		
<input type="text"/>		
Type of coverage		

[(5/2006)]



2. Agent information

[illegible]

3. Other insurance information

	Primary Insured		Second Insured	
	Yes	No	Yes	No
1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently receiving benefits from a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care? If "Yes," what was the reason for the declination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed second insured	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/>	<input type="text"/>
Name of company		Policy number	
<input type="text"/>		<input type="text"/>	
To be replaced by this coverage	Amount of benefit		
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Other <input type="text"/>		

<input type="checkbox"/> Proposed primary insured <input type="checkbox"/> Proposed second insured									
Status of policy				When (mm/dd/yyyy)				Type of benefit	
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of company								Policy number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>								<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
To be replaced by this coverage				Amount of benefit					
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>					
				Other <input type="text"/>					

<input type="checkbox"/> Proposed primary insured <input type="checkbox"/> Proposed second insured									
Status of policy				When (mm/dd/yyyy)			Type of benefit		
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Name of company							Policy number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
To be replaced by this coverage				Amount of benefit					
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>					
				Other					

4. Customize your coverage

Proposed primary insured coverage

Risk class

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

Benefit Period

☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ 8 years* ☐ Lifetime*

Facility Care Daily Benefit (choose from \$50-\$500 in increments of \$10)

\$

Indemnity Benefit Option (choose a percentage of the Facility Care Daily Benefit (FCDB) to receive as cash)

☐ 0% ☐ 50% (Monthly Indemnity Benefit)
☐ 10% (Monthly Indemnity Benefit) ☐ 100% (Full Indemnity Benefit – FCDB cannot exceed \$250)
☐ 25% (Monthly Indemnity Benefit)

Home & Community Care Daily Benefit

☐ 70% ☐ 100% ☐ 130%

Elimination Period

☐ 7 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ 365 days

Inflation protection riders

☐ 3% Lifetime Compound Benefit Increase Rider ☐ Two Times Compound Benefit Increase Rider
☐ 4% Lifetime Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider
☐ 5% Lifetime Compound Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Premium payment options (Must select one if an option is not selected, the "Continuous Pay" option will be issued)

☐ Continuous pay
☐ Ten Year Premium Payment Rider*
☐ Paid Up at Age 65 Rider (not available if over age 54)*

Additional rider benefit

☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180 or 365 day E P)

Additional benefits

☐ Home and Community Care Monthly Benefit*
☐ Calendar Day Elimination Period
☐ Restoration of Benefits (not available with Lifetime Benefit Period or Spousal Shared Care Rider)*

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Return of premium options

☐ Return of Premium Upon Death Benefit
☐ Full Return of Premium Upon Death Benefit

Name of beneficiary

Relationship

*Not available with 100% Indemnity Benefit Option

Proposed second insured coverage

☐ Spousal Shared Care Rider (the two insureds' plans must be identical and not available with lifetime benefit period)*
☐ Spousal Waiver of Premium Rider
☐ Spousal Survivorship Rider

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ 8 years* ☐ Lifetime*

\$			
----	--	--	--

☐ 0% ☐ 50% (Monthly Indemnity Benefit)
☐ 10% (Monthly Indemnity Benefit) ☐ 100% (Full Indemnity Benefit – FCDB cannot exceed \$250)
☐ 25% (Monthly Indemnity Benefit)

☐ 70% ☐ 100% ☐ 130%☐ 7 days ☐ 30 days ☐ 60 days ☐ 90 days ☐ 180 days ☐ 365 days

☐ 3% Lifetime Compound Benefit Increase Rider
 ☐ Two Times Compound Benefit Increase Rider
☐ 4% Lifetime Compound Benefit Increase Rider
 ☐ Simple Benefit Increase Rider
☐ 5% Lifetime Compound Benefit Increase Rider

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

☐ Continuous pay
☐ Ten Year Premium Payment Rider*
☐ Paid Up at Age 65 Rider (not available if over age 54)*

☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180 or 365 day E P)

☐ Home and Community Care Monthly Benefit*

☐ Calendar Day Elimination Period

☐ Restoration of Benefits (not available with Lifetime Benefit Period or Spousal Shared Care Rider)*

Rejection of nonforfeiture rider benefit (PLEASE READ You MUST check the box below if you did not select the Shortened Benefit Rider above.)

Return of premium options

Name of beneficiary

[illegible]

4 of 10

Proposed primary insured**Proposed second insured**

6. Special requests

Proposed second insured

7. Payor if other than proposed insured(s)

8. Designation of third party for protection against unintended lapse

Proposed primary insured5 of 10

8. Designation of third party for protection against unintended lapse (continued)

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one

- ☐ I elect **NOT** to designate any person to receive such notice ☐ I elect the same person as the primary insured
- ☐ I elect to designate this person to receive such notice

Proposed second insured

Full name of third party designee

[illegible]

Phone number

() - - - - -

Mailing address

[illegible]

City

[illegible]

State

ZIP code

9. Medical history - Part I

If any questions in Part I of the Medical history are answered "Yes," please provide details on page 8

Primary Insured		Second Insured	
YES	NO	YES	NO

- 1 In the past 6 MONTHS, or are you currently
 - a Receiving disability, long term care, or workers compensation benefits?
 - b Using a cane, walker or wheelchair, or confined to bed or home?
 - c Using any medical appliance such as a catheter, oxygen equipment, respirator, or dialysis machine?
 - d Requiring any assistance or supervision with, or limited in any capacity from performing any of the following daily activities eating, bathing, dressing, toileting, bladder control, bowel control, or mobility?
- 2 Due to any physical or mental conditions, has any person or institution ever or currently been authorized to act on your behalf?
- 3 Have you ever been diagnosed or treated by a member of the medical profession or a health care professional for any of the following conditions
 - a Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?
 - b Diabetes treated with insulin or arthritis treated with chronic steroid use or gold therapy?
 - c Alzheimer's Disease, Organic Brain Syndrome, senility, confusion, disorientation, memory loss, or dementia?
 - d Parkinson's Disease, Multiple Sclerosis, ALS (Lou Gehrig's Disease), or Muscular Dystrophy?
 - e Stroke, congestive heart failure, COPD/emphysema with continued smoking, cirrhosis of the liver, or unoperated aneurysm?
- 4 In the past 10 YEARS, have you received medical advice or treatment for any of the conditions listed below? (If "YES," check all that apply PI = Proposed Primary Insured SI = Proposed Second Insured)

PI [Si]

☐ ☐ Alcoholism
☐ ☐ Angina/Chest pain
☐ ☐ Anxiety disorder
☐ ☐ Arrhythmia
☐ ☐ Arteriosclerosis
☐ ☐ Arthritis
☐ ☐ Asthma
☐ ☐ Auto-Immune Disorder
☐ ☐ Back disorder/surgery
☐ ☐ Blindness
☐ ☐ Blood disorders

PI | SI

☐ ☐ Cancer
☐ ☐ Carotid artery disease
☐ ☐ Chronic bronchitis
☐ ☐ Circulatory disorder
☐ ☐ COPD/emphysema
☐ ☐ Coronary artery disease
☐ ☐ Crohn's disease or
 ulcerative colitis
☐ ☐ Depression
☐ ☐ Diabetes
☐ ☐ Drug or substance abuse

PI [SI]

☐ ☐ Epilepsy/seizures
☐ ☐ Fibromyalgia
☐ ☐ Fractures
☐ ☐ Heart attack
☐ ☐ Heart disease
☐ ☐ Hepatitis
☐ ☐ High blood pressure
☐ ☐ Joint replacement
☐ ☐ Lupus
☐ ☐ Melanoma
☐ ☐ Mental/nervous disorder

PI 151

- ☐ ☐ Neurological disorder
- ☐ ☐ Osteoporosis
- ☐ ☐ Pacemaker
- ☐ ☐ Peripheral vascular disease
- ☐ ☐ Respiratory/Lung disorders
- ☐ ☐ Skin ulcers
- ☐ ☐ Spine/Back disorders
- ☐ ☐ Stroke/CVA
- ☐ ☐ Transient Ischemic Attack
- ☐ ☐ Urinary incontinence

9. Medical history - Part I (Continued)

If any questions in Part I of the Medical history are answered "Yes," please provide details on page 8

Primary Insured		Second Insured	
YES	NO	YES	NO

- 5 In the past 10 YEARS, have you been treated by a member of the medical profession or health care professional for any condition not listed previously? ☐ YES ☐ NO ☐ YES ☐ NO
- 6 In the past 10 YEARS, have you had any episodes of falling, or used a cane, walker, or wheelchair, or been confined to a bed or home? ☐ YES ☐ NO ☐ YES ☐ NO
- 7 In the past 12 MONTHS, have you
- a Been confined to a hospital, nursing home, or sanitarium? ☐ YES ☐ NO ☐ YES ☐ NO
 - b Received home care services, physical therapy, or rehabilitative therapy? ☐ YES ☐ NO ☐ YES ☐ NO
 - c Sought medical advice or treatment for loss of appetite, falling, fainting, problems with balance, dizziness, or deterioration of vision? ☐ YES ☐ NO ☐ YES ☐ NO
 - d Had any surgical procedure or had any surgical procedure recommended or scheduled? ☐ YES ☐ NO ☐ YES ☐ NO

9. Medical history - Part II**Physician of proposed primary insured**

Physician name

Phone number

Mailing address

City

State

ZIP code

Medical specialist name

Phone number

Mailing address

City

State

ZIP code

Physician of proposed second insured

Physician name

Phone number

Mailing address

City

State

ZIP code

Medical specialist name

Phone number

Mailing address

City

State

ZIP code

9. Medical history - Part III

What medications, prescription and non-prescription, are you currently taking?

[illegible]

9. Medical history - Part IV (provide details to any questions answered "Yes" in Medical history – Part I)

[illegible]

Home Office changes to this application

[illegible]

10. Replacement (complete only if replacement is involved)

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured)

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

on (date)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

[illegible]

Agent address

[illegible]

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Your agreement and acknowledgement

AGREEMENT - The answers given are complete and true. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT – By signing below, I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices

CAUTION - If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a application for insurance, is guilty of a crime and may be subject to fines and confinement in prison

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has/have read, or that the agent has read to the proposed insured(s), the completed application and the proposed insured(s) realize that any false statement or misrepresentation in this application may result in loss of coverage under the policy

Signed at city		State	

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

X _____
Proposed primary insured's signature

To be answered by licensed resident agent I certify that the statements of the proposed insured(s) have been correctly recorded in this application To the best of my knowledge, if the above Section 10 (Replacement) is completed, the insurance applied for in this application will replace existing insurance

X _____
Proposed second insured's signature

Writing agent's signature _____

Writing agent's phone number () - -

Agent's statement

YES NO

- 1 Did you personally interview the proposed insured(s), ask all the questions and witness the signatures? ☐ YES ☐ NO
- 2 a Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application? ☐ YES ☐ NO
 - b How long have you known the proposed insured(s)? _____
 - c Are you or your spouse related to the proposed insured(s)? If yes, relationship? _____ ☐ YES ☐ NO
- 3 Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation? (Please explain in "REMARKS ") ☐ YES ☐ NO
- 4 Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS ") ☐ YES ☐ NO
- 5 Does a Power of Attorney document exist for the proposed insured(s)? ☐ YES ☐ NO
If "Yes," please explain why this agreement has been established in "REMARKS "
- 6 Proposed Insured(s) type of dwelling
☐ Private Home ☐ Apartment ☐ Assisted Living Facility
☐ Nursing Facility ☐ Retirement Home ☐ Other _____
- 7 Indicate the best time of day to contact the proposed insured(s) by telephone _____
- 8 Agent must list all health insurance including long term care policies they have sold to the applicant(s) which are still in force, and were sold in the last five years but are no longer in force

☐ Proposed primary insured ☐ Proposed second insured

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit ____
Name of company ____	Policy number ____	
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

☐ Proposed primary insured ☐ Proposed second insured

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit ____
Name of company ____	Policy number ____	
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

REMARKS

**Allianz Life Insurance Company
of North America**

Home Office Minneapolis, MN 55416-1297

[PO Box 1292
Minneapolis, MN 55440-1292]

Home Office use only	
Allianz assigned policy number(s)	
Primary	<input type="text"/>
Spouse	<input type="text"/>

**Application for
[Generation Protector II™]
Long Term Care Insurance**

- ☐ New application
☐ Existing policy change/reinstatement

1. Tell us about yourself

Proposed primary insured

First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Occupation <input type="text"/>		Social Security number <input type="text"/>
Residence address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Day phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Evening phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Best time to call <input type="text"/> : <input type="text"/> <input type="checkbox"/> a m <input type="checkbox"/> p m
Date of birth (mm/dd/yyyy) <input type="text"/>	Age <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Tobacco use ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Marital status ☐ Married ☐ Single ☐ Widowed ☐ Divorced With whom do you currently live? ☐ Spouse ☐ Alone ☐ Other
Is this person currently covered by an Allianz long term care insurance policy? ☐ Yes ☐ No

Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? ☐ Yes ☐ No

Policy or contract number Type of coverage

Proposed insured spouse

First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Occupation <input type="text"/>		Social Security number <input type="text"/>
Residence address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Day phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Evening phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Best time to call <input type="text"/> : <input type="text"/> <input type="checkbox"/> a m <input type="checkbox"/> p m
Date of birth (mm/dd/yyyy) <input type="text"/>	Age <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Tobacco use ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? ☐ Yes ☐ No

Policy or contract number Type of coverage

[(5/2006)]



First [][][][][][][][][][][][][][][]	Middle initial []	Last []
Phone number ([][][]) - [][][] - [][][][]	% Split [][][]	Agent number [][][][][][][][][][]
First [][][][][][][][][][][][][][][]	Middle initial []	Last []
Phone number ([][][]) - [][][] - [][][][]	% Split [][][]	Agent number [][][][][][][][][][]

	Primary Insured		Insured Spouse	
	Yes	No	Yes	No
1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently receiving benefits from a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care? If "Yes," what was the reason for the declination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed insured spouse	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/>	<input type="text"/>
Name of company		Policy number	
<input type="text"/>		<input type="text"/>	
To be replaced by this coverage		Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> Other <input type="text"/>	

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed insured spouse	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company		Policy number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
To be replaced by this coverage		Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
		Other _____	

<input type="checkbox"/> Proposed primary insured										<input type="checkbox"/> Proposed insured spouse									
Status of policy					When (mm/dd/yyyy)					Type of benefit									
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
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To be replaced by this coverage					Amount of benefit														
<input type="checkbox"/> Yes <input type="checkbox"/> No					\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
					Other _____														

4. Choose a benefit package

Proposed primary insured coverage

Benefit Period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5 years
Facility Care Daily Benefit (choose from \$50-\$200 in increments of \$10)	Home & Community Care Daily Benefit		Elimination Period	
\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 70%	<input type="checkbox"/> 100%	<input type="checkbox"/> 130%	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days

Inflation protection riders

- ☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

- ☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

- ☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Additional benefits

- ☐ Home and Community Care Monthly Benefit ☐ Calendar Day Elimination Period
☐ Restoration of Benefits (not available with Spousal Shared Care Rider)

Return of premium options

- ☐ Return of Premium Upon Death Benefit ☐ Full Return of Premium Upon Death Benefit

Name of beneficiary

Relationship

Proposed insured spouse coverage

Spousal rider benefits

- ☐ Spousal Shared Care Rider (the two insureds' plans must be identical)

Benefit Period	<input type="checkbox"/> 2 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 4 years	<input type="checkbox"/> 5 years
Facility Care Daily Benefit (choose from \$50-\$200 in increments of \$10)	Home & Community Care Daily Benefit		Elimination Period	
\$ <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 70%	<input type="checkbox"/> 100%	<input type="checkbox"/> 130%	<input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days

Inflation protection riders

- ☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

- ☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

- ☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Additional benefits

- ☐ Home and Community Care Monthly Benefit ☐ Calendar Day Elimination Period
☐ Restoration of Benefits (not available with Spousal Shared Care Rider)

Return of premium options

- ☐ Return of Premium Upon Death Benefit ☐ Full Return of Premium Upon Death Benefit

Name of beneficiary

Relationship

Proposed primary insured

Proposed insured spouse

6. Special requests

Proposed primary insured**Proposed insured spouse**

7. Payor if other than proposed insured(s)

8. Designation of third party for protection against unintended lapse

☐ I elect to designate this person to receive such notice

Proposed primary insured

8. Designation of third party for protection against unintended lapse (continued)

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid. Must select one

- ☐ I elect NOT to designate any person to receive such notice ☐ I elect the same person as the primary insured
- ☐ I elect to designate this person to receive such notice

Proposed insured spouse

Full name of third party designee

Phone number

Mailing address

City

State

ZIP code

9. Medical history

- 1 Have you ever been hospitalized for, or consulted a member of the health care profession regarding, or been diagnosed or treated for, or received medical advice for any of the following conditions?

(If "YES" check all that apply PI = Proposed Primary Insured IS = Proposed Insured Spouse)

PI IS

- ☐ ☐ ALS, amyotrophic lateral sclerosis,
Lou Gehrig's disease
- ☐ ☐ Alzheimer's disease
- ☐ ☐ Cancer that has spread to other parts
of the body, or that is greater than
early stage
- ☐ ☐ Cerebral atrophy
- ☐ ☐ Cerebral palsy
- ☐ ☐ Cirrhosis
- ☐ ☐ Confusion
- ☐ ☐ CREST syndrome
- ☐ ☐ CVA/stroke

PI IS

- ☐ ☐ Cystic fibrosis
- ☐ ☐ Dementia
- ☐ ☐ Diabetes treated with insulin, or with
complications involving kidneys,
nerves, eyes
- ☐ ☐ Hydrocephalus
- ☐ ☐ Kidney failure, renal failure
- ☐ ☐ Memory loss
- ☐ ☐ Mental retardation
- ☐ ☐ Multiple myeloma
- ☐ ☐ Multiple sclerosis
- ☐ ☐ Muscular dystrophy

PI IS

- ☐ ☐ Myasthenia gravis
- ☐ ☐ Organ transplant
- ☐ ☐ Organic brain syndrome
- ☐ ☐ Parkinson's disease
- ☐ ☐ Post polio syndrome
- ☐ ☐ Psychosis
- ☐ ☐ Schizophrenia
- ☐ ☐ Scleroderma
- ☐ ☐ Systemic lupus erythematosus, SLE
- ☐ ☐ TIA within the past five years
- ☐ ☐ TIA, multiple (more than one)

Primary Insured YES NO
Insured Spouse YES NO

☐ ☐ ☐ ☐

- 2 Have you ever been diagnosed or treated for, or medically diagnosed as having AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) any AIDS related condition(s), or have you tested positive for antibodies to the AIDS virus?
- 3 Do you currently reside in or within the past 6 MONTHS have you resided in, or have you been advised to enter, or are you planning to enter, a nursing home, assisted living facility, or a residential care facility, or are you currently or have you within the past 6 MONTHS received home health care services or adult day services?

Primary Insured YES NO
Insured Spouse YES NO

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

9. Medical history for simplified underwriting (Continued)

4 Do you currently, or have you within the past 12 MONTHS, used any of the following medical devices? ☐ ☐ ☐ ☐

Primary Insured		Insured Spouse	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PI	IS	
<input type="checkbox"/>	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	<input type="checkbox"/>	Motorized scooter
<input type="checkbox"/>	<input type="checkbox"/>	Quad cane

PI	IS	
<input type="checkbox"/>	<input type="checkbox"/>	Walker
<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair
<input type="checkbox"/>	<input type="checkbox"/>	Dialysis

PI	IS	
<input type="checkbox"/>	<input type="checkbox"/>	Oxygen
<input type="checkbox"/>	<input type="checkbox"/>	Respirator, ventilator

Primary Insured		Insured Spouse	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Do you require human assistance or supervision with any of the following activities
bathing, dressing, eating, walking, toileting, transferring from bed or chair, controlling bowels or bladder? ☐ ☐ ☐ ☐

Home Office changes to this application

[illegible]

10. Replacement (complete only if replacement is involved)

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured)

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
on (date)		
<input type="text"/>		
Agent first	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Your agreement and acknowledgement

AGREEMENT – The answers given are complete and true. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT – By signing this application, I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices

CAUTION – If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has/have read, or that the agent has read to the proposed insured(s), the completed application and the proposed insured(s) realize that any false statement or misrepresentation in this application may result in loss of coverage under the policy

[illegible]

X _____
Proposed primary insured's signature

To be answered by licensed resident agent. I certify that the statements of the proposed insured(s) have been correctly recorded in this application. To the best of my knowledge, if the above Section 10 (Replacement) is completed, the insurance applied for in this application will replace existing insurance.

X _____
Proposed insured spouse's signature

Writing agent's signature _____

Writing agent's phone number () - -

Agent's statement

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1 Did you personally interview the proposed insured(s), ask all the questions and witness the signatures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| b How long have you known the proposed insured(s)? _____ | | |
| c Are you or your spouse related to the proposed insured(s)? If yes, relationship? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation?
(Please explain in "REMARKS ") | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS ") | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Does a Power of Attorney document exist for the proposed insured(s)?
If "Yes," please explain why this agreement has been established in "REMARKS " | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Proposed Insured(s) type of dwelling
<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Nursing Facility <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other _____ | | |
| 7 Indicate the best time of day to contact the proposed insured(s) by telephone _____ | | |
| 8 Agent must list all health insurance including long term care policies they have sold to the applicant(s) which are still in force, and were sold in the last five years but are no longer in force | | |

☐ Proposed primary insured ☐ Proposed insured spouse

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit _____
Name of company _____	Policy number _____	
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

☐ Proposed primary insured ☐ Proposed insured spouse

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit _____
Name of company _____	Policy number _____	
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

REMARKS

[PO Box 1292
Minneapolis, MN 55440-1292]

Home Office use only

Allianz assigned policy number(s)

Primary							
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Second

**Application for
[Generation Protector Select™]
Long Term Care Insurance**

- ☐ New application
☐ Existing policy change/reinstatement

1. Tell us about yourself

Proposed primary insured[illegible]

Proposed second insured

First										Middle										Last									
Occupation															Social Security number														
Residence address																													
City															State					ZIP code									
Day phone number										Evening phone number										Best time to call									
()-()-()										()-()-()										: a m p m									
Date of birth (mm/dd/yyyy)										Age					Gender					Height					Weight				
/ /															<input type="checkbox"/> Male <input type="checkbox"/> Female					' "					lbs				
Tobacco use <input type="checkbox"/> Nonsmoker of cigarettes in past 24 months <input type="checkbox"/> Smoker of cigarettes in past 24 months <input type="checkbox"/> Other tobacco use _____																													
Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No																													
Policy or contract number																													
Type of coverage																													

[(5/2006)]



[illegible]

	Primary Insured		Insured Second	
	Yes	No	Yes	No
1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently receiving benefits from a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care? If "Yes," what was the reason for the declination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Proposed primary insured										<input type="checkbox"/> Proposed second insured									
Status of policy					When (mm/dd/yyyy)					Type of benefit									
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force					<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Name of company															Policy number				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
To be replaced by this coverage					Amount of benefit														
<input type="checkbox"/> Yes <input type="checkbox"/> No					\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>														
					Other _____														

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed second insured	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company			Policy number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
To be replaced by this coverage		Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	
		Other _____	

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed second insured	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/>	<input type="text"/>
Name of company		Policy number	
<input type="text"/>		<input type="text"/>	
To be replaced by this coverage	Amount of benefit		
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	Other <input type="text"/>		

4. Choose a benefit package

Proposed primary insured coverage

Risk class ☐ Preferred Plus ☐ Preferred ☐ Standard
☐ Select I ☐ Select II

Benefit Period
☐ 3 years ☐ 4 years ☐ 5 years

Facility Care Daily Benefit (choose from \$50-\$500 in increments of \$10) \$

Inflation protection riders

☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Benefit packages (Must select one)

<input type="checkbox"/> Package A 70% Home and Community Care Daily Benefit 90-calendar day Elimination Period	<input type="checkbox"/> Package B 100% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit	<input type="checkbox"/> Package C 130% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit 25% Monthly Indemnity Benefit
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Name of beneficiary

Relationship

Proposed second insured coverage

Spousal rider benefits

☐ Spousal Shared Care Rider (the two insureds' plans must be identical)

Risk class ☐ Preferred Plus ☐ Preferred ☐ Standard
☐ Select I ☐ Select II

Benefit Period
☐ 3 years ☐ 4 years ☐ 5 years

Facility Care Daily Benefit (choose from \$50-\$500 in increments of \$10) \$

Inflation protection riders

☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Benefit packages (Must select one)

<input type="checkbox"/> Package A 70% Home and Community Care Daily Benefit 90-calendar day Elimination Period	<input type="checkbox"/> Package B 100% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit	<input type="checkbox"/> Package C 130% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit 25% Monthly Indemnity Benefit
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Name of beneficiary

Relationship

5. Your premium payment amount**Proposed primary insured**

Planned modal premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency (Must select one) <input type="checkbox"/> Monthly [PAC/EFT] (submit authorization form and 2 months premium) <input type="checkbox"/> Monthly List Bill <input type="checkbox"/> Monthly credit card <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
Total amount submitted with application \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If endorsed group Group name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Proposed second insured

Planned modal premium \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency (Must select one) <input type="checkbox"/> Monthly [PAC/EFT] (submit authorization form and 2 months premium) <input type="checkbox"/> Monthly List Bill <input type="checkbox"/> Monthly credit card <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually
Total amount submitted with application \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

6. Special requests**Proposed primary insured**

Date to save age <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Special effective date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Other <input type="text"/>
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Proposed second insured

Date to save age <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Special effective date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Other <input type="text"/>
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7. Payor if other than proposed insured(s)

Full name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Relationship to you <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Billing address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/>	ZIP code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

8. Designation of third party for protection against unintended lapse

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one

- ☐ I elect NOT to designate any person to receive such notice
- ☐ I elect to designate this person to receive such notice

Proposed primary insured

Full name of third party designee <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone number (<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mailing address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State <input type="text"/> <input type="text"/>	ZIP code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

8. Designation of third party for protection against unintended lapse (continued)

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid. Must select one.

- ☐ I elect NOT to designate any person to receive such notice ☐ I elect the same person as the primary insured
- ☐ I elect to designate this person to receive such notice

Proposed second insured

Full name of third party designee

Phone number

Mailing address

City

State

ZIP code

9. Medical history - Part I

If any questions in Part I of the Medical history are answered "Yes," please provide details on page 7

	Primary Insured		Second Insured	
	YES	NO	YES	NO
1 In the past 6 MONTHS, or are you currently				
a Receiving disability, long term care, or workers compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Using a cane, walker or wheelchair, or confined to bed or home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Using any medical appliance such as a catheter, oxygen equipment, respirator, or dialysis machine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Requiring any assistance or supervision with, or limited in any capacity from performing any of the following daily activities: eating, bathing, dressing, toileting, bladder control, bowel control, or mobility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Due to any physical or mental conditions, has any person or institution ever or currently been authorized to act on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you ever been diagnosed or treated by a member of the medical profession or a health care professional for any of the following conditions:				
a Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Diabetes treated with insulin or arthritis treated with chronic steroid use or gold therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Alzheimer's Disease, Organic Brain Syndrome, senility, confusion, disorientation, memory loss, or dementia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Parkinson's Disease, Multiple Sclerosis, ALS (Lou Gehrig's Disease), or Muscular Dystrophy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Stroke, congestive heart failure, COPD/emphysema with continued smoking, cirrhosis of the liver, or unoperated aneurysm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 In the past 10 YEARS, have you received medical advice or treatment for any of the conditions listed below? (If "YES," check all that apply. PI = Proposed Primary Insured SI = Proposed Second Insured)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PI SI

- ☐ Alcoholism
☐ Angina/Chest pain
☐ Anxiety disorder
☐ Arrhythmia
☐ Arteriosclerosis
☐ Arthritis
☐ Asthma
☐ Auto-Immune Disorder
☐ Back disorder/surgery
☐ Blindness
☐ Blood disorders

PI SI

- ☐ Cancer
☐ Carotid artery disease
☐ Chronic bronchitis
☐ Circulatory disorder
☐ COPD/emphysema
☐ Coronary artery disease
☐ Crohn's disease or ulcerative colitis
☐ Depression
☐ Diabetes
☐ Drug or substance abuse

PI SI

- ☐ Epilepsy/seizures
☐ Fibromyalgia
☐ Fractures
☐ Heart attack
☐ Heart disease
☐ Hepatitis
☐ High blood pressure
☐ Joint replacement
☐ Lupus
☐ Melanoma
☐ Mental/nervous disorder

PI SI

- ☐ Neurological disorder
☐ Osteoporosis
☐ Pacemaker
☐ Peripheral vascular disease
☐ Respiratory/Lung disorders
☐ Skin ulcers
☐ Spine/Back disorders
☐ Stroke/CVA
☐ Transient Ischemic Attack
☐ Urinary incontinence

9. Medical history - Part I (Continued)

If any questions in Part I of the Medical history are answered "Yes," please provide details on page 7

Primary Insured		Second Insured	
YES	NO	YES	NO

- | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 5 | In the past 10 YEARS, have you been treated by a member of the medical profession or health care professional for any condition not listed previously? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | In the past 10 YEARS, have you had any episodes of falling, or used a cane, walker, or wheelchair, or been confined to a bed or home? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | In the past 12 MONTHS, have you | | | | |
| a | Been confined to a hospital, nursing home, or sanitarium? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b | Received home care services, physical therapy, or rehabilitative therapy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c | Sought medical advice or treatment for loss of appetite, falling, fainting, problems with balance, dizziness, or deterioration of vision? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d | Had any surgical procedure or had any surgical procedure recommended or scheduled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Medical history - Part II**Physician of proposed primary insured**

Physician name

Phone number

--

Mailing address

City

State

ZIP code

-

Medical specialist name

Phone number

--

Mailing address

City

State

ZIP code

-**Physician of proposed second insured**

Physician name

Phone number

--

Mailing address

City

State

ZIP code

-

Medical specialist name

Phone number

--

Mailing address

City

State

ZIP code

-

9. Medical history - Part III

What medications, prescription and non-prescription, are you currently taking?

[illegible]

9. Medical history - Part IV (provide details to any questions answered "Yes" in Medical history – Part I)

[illegible]

Home Office changes to this application

10. Replacement (complete only if replacement is involved)

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured)

First										Middle										Last									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
on (date)																													
<input type="text"/>																													
Agent first										Middle										Last									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
Agent address																													
<input type="text"/>																													
City															State					ZIP code									
<input type="text"/>															<input type="text"/>					<input type="text"/>									

11. Your agreement and acknowledgement

AGREEMENT - The answers given are complete and true. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT – By signing below, I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices

CAUTION - If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a application for insurance, is guilty of a crime and may be subject to fines and confinement in prison

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has/have read, or that the agent has read to the proposed insured(s), the completed application and the proposed insured(s) realize that any false statement or misrepresentation in this application may result in loss of coverage under the policy.

Signed at city		State	
Day	Month	Year	

X _____
Proposed primary insured's signature

To be answered by licensed resident agent I certify that the statements of the proposed insured(s) have been correctly recorded in this application To the best of my knowledge, if the above Section 10 (Replacement) is completed, the insurance applied for in this application will replace existing insurance

X _____
Proposed second insured's signature

Writing agent's signature _____

Writing agent's phone number () - -

Agent's statement

YES NO

- 1 Did you personally interview the proposed insured(s), ask all the questions and witness the signatures? ☐ YES ☐ NO
- 2 a Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application? ☐ YES ☐ NO
- b How long have you known the proposed insured(s)? _____
- c Are you or your spouse related to the proposed insured(s)? If yes, relationship? _____ ☐ YES ☐ NO
- 3 Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation? (Please explain in "REMARKS ") ☐ YES ☐ NO
- 4 Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS ") ☐ YES ☐ NO
- 5 Does a Power of Attorney document exist for the proposed insured(s)? ☐ YES ☐ NO
If "Yes," please explain why this agreement has been established in "REMARKS "
- 6 Proposed Insured(s) type of dwelling
☐ Private Home ☐ Apartment ☐ Assisted Living Facility
☐ Nursing Facility ☐ Retirement Home ☐ Other _____
- 7 Indicate the best time of day to contact the proposed insured(s) by telephone _____
- 8 Agent must list all health insurance including long term care policies they have sold to the applicant(s) which are still in force, and were sold in the last five years but are no longer in force

☐ Proposed primary insured ☐ Proposed second insured

Status of policy	When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="text"/>	<input type="text"/>
Name of company	Policy number	
<input type="text"/>	<input type="text"/>	
To be replaced by this coverage	Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> Other <input type="text"/>	

☐ Proposed primary insured ☐ Proposed second insured

Status of policy	When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="text"/>	<input type="text"/>
Name of company	Policy number	
<input type="text"/>	<input type="text"/>	
To be replaced by this coverage	Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> Other <input type="text"/>	

REMARKS

Allianz Life Insurance Company
of North America

Home Office Minneapolis, MN 55416-1297

[PO Box 1292
Minneapolis, MN 55440-1292]

Application for
[Generation Protector Select™]
Long Term Care Insurance

- ☐ New application
☐ Existing policy change/reinstatement

Home Office use only

Allianz assigned policy number(s)

Primary

Spouse

1. Tell us about yourself

Proposed primary insured

First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Occupation <input type="text"/>	Social Security number <input type="text"/>	
Residence address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Day phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Evening phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Best time to call <input type="text"/> : <input type="text"/> <input type="checkbox"/> a m <input type="checkbox"/> p m
Date of birth (mm/dd/yyyy) <input type="text"/>	Age <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Tobacco use ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Marital status

- ☐ Married ☐ Single
☐ Widowed ☐ Divorced

With whom do you currently live?

- ☐ Spouse ☐ Alone ☐ Other

Is this person currently covered by an Allianz long term care insurance policy? ☐ Yes ☐ No

Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? ☐ Yes ☐ No

Policy or contract number

Type of coverage

Proposed insured spouse

First <input type="text"/>	Middle <input type="text"/>	Last <input type="text"/>
Occupation <input type="text"/>	Social Security number <input type="text"/>	
Residence address <input type="text"/>		
City <input type="text"/>	State <input type="text"/>	ZIP code <input type="text"/>
Day phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Evening phone number (<input type="text"/>) - <input type="text"/> - <input type="text"/>	Best time to call <input type="text"/> : <input type="text"/> <input type="checkbox"/> a m <input type="checkbox"/> p m
Date of birth (mm/dd/yyyy) <input type="text"/>	Age <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Tobacco use ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Do you currently own an Allianz fixed, universal, term, or variable life insurance policy or annuity contract? ☐ Yes ☐ No

Policy or contract number

Type of coverage

[(5/2006)]



2. Agent information

First <div></div>	Middle initial <div></div>	Last <div></div>
Phone number (<div></div>) - <div></div> - <div></div>	% Split <div></div>	Agent number <div></div>
First <div></div>	Middle initial <div></div>	Last <div></div>
Phone number (<div></div>) - <div></div> - <div></div>	% Split <div></div>	Agent number <div></div>

3. Other insurance information

	Primary Insured		Insured Spouse	
	Yes	No	Yes	No
1 Do you have another long term care insurance policy or certificate in force (including a health services plan contract or a health maintenance organization contract)? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did you have another long term care insurance policy or certificate in force during the last 12 MONTHS? If "Yes," list details below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently receiving benefits from a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care? If "Yes," what was the reason for the declination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Proposed primary insured		<input type="checkbox"/> Proposed insured spouse	
Status of policy		When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company			Policy number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
To be replaced by this coverage		Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	
		Other <input type="text"/>	

<input type="checkbox"/> Proposed primary insured						<input type="checkbox"/> Proposed insured spouse									
Status of policy				When (mm/dd/yyyy)				Type of benefit							
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force				<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				<div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
Name of company								Policy number							
<div style="border: 1px solid black; width: 100%; height: 20px;"></div>								<div style="border: 1px solid black; width: 100%; height: 20px;"></div>							
To be replaced by this coverage				Amount of benefit											
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$ <div style="border: 1px solid black; width: 100%; height: 20px;"></div> Other <div style="border: 1px solid black; width: 100%; height: 20px;"></div>											

<input type="checkbox"/> Proposed primary insured										<input type="checkbox"/> Proposed insured spouse									
Status of policy					When (mm/dd/yyyy)					Type of benefit									
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Name of company										Policy number									
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
To be replaced by this coverage					Amount of benefit														
<input type="checkbox"/> Yes <input type="checkbox"/> No					\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
					Other <input type="text"/>														

4. Choose a benefit package

Proposed primary insured coverage

Benefit Period ☐ 3 years ☐ 4 years ☐ 5 years

Facility Care Daily Benefit (choose from \$50-\$200 in increments of \$10) \$

Inflation protection riders

☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Benefit packages (Must select one)

<input type="checkbox"/> Package A 70% Home and Community Care Daily Benefit 90-calendar day Elimination Period	<input type="checkbox"/> Package B 100% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit	<input type="checkbox"/> Package C 130% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit 25% Monthly Indemnity Benefit
---	---	--

Name of beneficiary

Relationship

Proposed insured spouse coverage

Spousal rider benefits

☐ Spousal Shared Care Rider (the two insureds' plans must be identical)

Benefit Period ☐ 3 years ☐ 4 years ☐ 5 years

Facility Care Daily Benefit (choose from \$50-\$200 in increments of \$10) \$

Inflation protection riders

☐ 3% Lifetime Compound Benefit Increase Rider ☐ 4% Lifetime Compound Benefit Increase Rider ☐ 5% Lifetime Compound Benefit Increase Rider
☐ Two Times Compound Benefit Increase Rider ☐ Simple Benefit Increase Rider

Rejection of inflation protection rider (PLEASE READ. You MUST check the box below if you did NOT select an inflation protection rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and I acknowledge that I reject inflation protection.

Nonforfeiture rider benefit ☐ Shortened Benefit Rider

Rejection of nonforfeiture rider benefit (PLEASE READ. You MUST check the box below if you did not select the Shortened Benefit Rider above.)

☐ By signing this application, I acknowledge by checking this box that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and I acknowledge that I reject such nonforfeiture benefit.

Benefit packages (Must select one)

<input type="checkbox"/> Package A 70% Home and Community Care Daily Benefit 90-calendar day Elimination Period	<input type="checkbox"/> Package B 100% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit	<input type="checkbox"/> Package C 130% Home and Community Care Daily Benefit 90-calendar day Elimination Period Home and Community Care Monthly Benefit 25% Monthly Indemnity Benefit
---	---	--

Name of beneficiary

Relationship

5. Your premium payment amount**Proposed primary insured**

Planned modal premium

\$

Frequency (Must select one)

☐ Monthly [PAC/EFT] (submit authorization form and 2 months premium) ☐ Monthly List Bill
☐ Monthly credit card ☐ Quarterly ☐ Semiannually ☐ Annually

Total amount submitted with application

\$

If employer group

Group number **Proposed insured spouse**

Planned modal premium

\$ **6. Special requests****Proposed primary insured**

Date to save age

 / /

Special effective date

 / /

Other

Proposed insured spouse

Date to save age

 / /

Special effective date

 / /

Other

7. Payor if other than proposed insured(s)

Full name

Relationship to you

Billing address

City

State

ZIP code

 - **8. Designation of third party for protection against unintended lapse**

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one

☐ I elect NOT to designate any person to receive such notice☐ I elect to designate this person to receive such notice**Proposed primary insured**

Full name of third party designee

Phone number

() - -

Mailing address

City

State

ZIP code

 -

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one

- | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|
| | | | | | - | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|

□ □ □ □

9. Medical history for simplified underwriting (Continued)

Primary Insured		Insured Spouse	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Do you currently, or have you within the past 12 MONTHS, used any of the following medical devices?

PI IS:

☐ ☐ Crutches
☐ ☐ Motorized scooter
☐ ☐ Quad cane

PI IS

☐ ☐ Walker
☐ ☐ Wheelchair
☐ ☐ Dialysis

PI | IS

☐ ☐ Oxygen
☐ ☐ Respirator, ventilator

Primary Insured		Spouse	
YES	NO	YES	NO

5 Do you require human assistance or supervision with any of the following activities
bathing, dressing, eating, walking, toileting, transferring from bed or chair, controlling bowels or bladder?

□ □ □ □

Home Office changes to this application

[illegible]

10. Replacement (complete only if replacement is involved)

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured)

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
on (date)		
<input type="text"/>		
Agent first	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agent address		
<input type="text"/>		
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Your agreement and acknowledgement

AGREEMENT - The answers given are complete and true. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT - By signing below, I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices.

CAUTION - If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in a application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has/have read, or that the agent has read to the proposed insured(s), the completed application and the proposed insured(s) realize that any false statement or misrepresentation in this application may result in loss of coverage under the policy.

Signed at city		State
<input type="text"/>		<input type="text"/>
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

X _____
Proposed primary insured's signature

X _____
Proposed insured spouse's signature

To be answered by licensed resident agent: I certify that the statements of the proposed insured(s) have been correctly recorded in this application. To the best of my knowledge, if the above Section 10 (Replacement) is completed, the insurance applied for in this application will replace existing insurance.

Writing agent's signature _____

Writing agent's phone number (____)____-____-____

Agent's statement

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1 Did you personally interview the proposed insured(s), ask all the questions and witness the signatures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 a Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| b How long have you known the proposed insured(s)? _____ | | |
| c Are you or your spouse related to the proposed insured(s)? If yes, relationship? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation?
(Please explain in "REMARKS ") | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS ") | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Does a Power of Attorney document exist for the proposed insured(s)?
If "Yes," please explain why this agreement has been established in "REMARKS " | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Proposed Insured(s) type of dwelling
<input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted Living Facility
<input type="checkbox"/> Nursing Facility <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other _____ | | |
| 7 Indicate the best time of day to contact the proposed insured(s) by telephone _____ | | |
| 8 Agent must list all health insurance including long term care policies they have sold to the applicant(s) which are still in force, and were sold in the last five years but are no longer in force | | |

☐ **Proposed primary insured** ☐ **Proposed insured spouse**

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit _____
Name of company _____		Policy number _____
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

☐ **Proposed primary insured** ☐ **Proposed insured spouse**

Status of policy <input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	When (mm/dd/yyyy) ____/____/____	Type of benefit _____
Name of company _____		Policy number _____
To be replaced by this coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of benefit \$ _____ Other _____	

REMARKS

Component Header

Component 29 - Rev 00
 Created by Tammy Smasal on 05/31/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-29/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status	Disapproved	(SERFF)	
(State)		Delivery Date	05/31/2006 10:10:16 AM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	None		
Satisfied			
Brief Description	Uniform Transmittal Document		
Filer's Notes	replaces ch22		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments:

VA transmittal (uniform)2 pdf, VA uniform transmittal extra pages_2_.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/05)

1.	Prepared for the State of Virginia
-----------	---

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
	Allianz Life Insurance Company of North America 5701 Golden Hills Drive Minneapolis, Minnesota 55416-1297	Minnesota		90611	41-13660 75

4.	Filer Name & Address	Telephone #	Fax #	E-mail Address
	Tammy Smasal Same as 3 above	800/328-5601, extension 32804	763/582-6495	tammy_smasal@allianzlife.com

5.	Filing Method	<input type="checkbox"/> Paper	<input checked="" type="checkbox"/> Electronic/Serff Tracking Number SERT-6L7NDC243/00
-----------	----------------------	--------------------------------	---

6.	Company Tracking Number	11-P-Q-VA		
-----------	--------------------------------	-----------	--	--

7.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Any size <input type="checkbox"/> Other		
-----------	---------------	--	--	--

8.	Type of Insurance	LTC03I Individual Long Term Care		
-----------	--------------------------	----------------------------------	--	--

9.	Product Coding Matrix Filing Code	LTC03I.001 Qualified		
-----------	--	----------------------	--	--

10.	Submitted Documents	<u>Forms</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Schedule of Benefits <input type="checkbox"/> _____ </div> <div> <input checked="" type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> _____ </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____		
------------	----------------------------	--	--	--

11.	Filing Submission Date	01/19/2006		
------------	-------------------------------	------------	--	--

12.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____		
------------	---------------------------------	--	--	--

13.	Date of Domiciliary Approval			
------------	-------------------------------------	--	--	--

14.	Filing Description:
	See cover letter.
	View Complete Filing Description

15. **Certification (If required)**
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of Virginia
 Print Name Vickie Hendrickson Title Assistant V P - Compliance
 Original Signature _____ Date 05/25/2006

Effective January 1, 2005

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		11-P-O-VA
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Tax-Qualified LTC Policy	11-P-Q-VA	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Policy Schedule	11-PS-Q	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	3% Lifetime Compound Benefit Rider	11-R1	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	4% Lifetime Compound Benefit Rider	11-R2	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	5% Lifetime Compound Benefit Rider	11-R3	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Two Times Compound Benefit Rider	11-R4	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Simple Benefit Increase Rider	11-R5	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Paid Up at Age 65 Rider	11-R6	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Ten-Year Premium Payment Rider	11-R7	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10	Waiver of Home and Community	11-R8	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11	Coverage Enhancement Rider	11-R9	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12	Full Indemnity Benefit Rider	11-R10	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

Effective January 1, 2005

17. Rate Filing Attachment				
This filing transmittal is part of company tracking number			11-P-Q-V A	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing				
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	
12			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other	

LH RFA-1

Reset Form

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		11-P-Q-VA
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
13	Spousal Shared Care Rider	11-R11	[X] Initial [] Revised [] Other _____	N/A
14	Spousal Waiver of Premium Rider	11-R12	[X] Initial [] Revised [] Other _____	
15	Household Discount Rider	11-R13	[X] Initial [] Revised [] Other _____	
16	Contingent Benefit Upon Lapse Rider	11-R14	[X] Initial [] Revised [] Other _____	
17	International Coverage Benefit Rider	11-R15	[X] Initial [] Revised [] Other _____	
18	Coverage Enhancement Rider	11-R16	[X] Initial [] Revised [] Other _____	
19	Facility Care Only Policy Endorsement	11-E-1	[X] Initial [] Revised [] Other _____	
20	Application for LTCi	11-A-FULL-VA	[X] Initial [] Revised [] Other _____	
21	Application for LTCi	11-A-SIMP-VA	[X] Initial [] Revised [] Other _____	
22	Application for LTCi	11-A-SEL-FULL-VA	[X] Initial [] Revised [] Other _____	
23	Application for LTCi	11-A-SEL-SIMP-VA	[X] Initial [] Revised [] Other _____	
24	Outline of Coverage for LTCi Policy	11-OC-Q-FULL-VA	[X] Initial [] Revised [] Other _____	

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		11-P-Q-VA
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
25	Outline of Coverage for LTC _i Policy	11-OC-Q-SIMP-VA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
26	Outline of Coverage for LTC _i Policy	11-OC-Q-SEL-FULL-VA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
27	Outline of Coverage for LTC _i Policy	11-OC-Q-SEL-SIMP-VA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
28			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
29			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
30			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
31			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
32			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
33			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
34			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
35			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
36			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Note to Filer

Report Type Note to Filer

Filing Originally Sent 01/19/2006 03 57 53 PM

Created by Mary Ann Mason on 06/30/2006

Sent 06/30/2006 11 15 53 AM

State Virginia
SERFF Tracking No SERT-6L7NDC243/00-29/00-01/00

Response To ComponentHeader
Response To SERT-6L7NDC243/00-29/00-00/00
SERFF Tracking No

Lead Company Allianz Life Insurance
Company of North America
Product Name Generation Protector II
(11-P-Q)
Filing Date 01/19/2006 03 57 53 PM

Company Allianz Life Insurance
Company of North America
Project Name Generation Protector II
Project No 11-P-Q

State Tracking No 7/26102
TOI LTC03I Individual Long
Term Care
Report Status Incomplete Filing
Reviewer Phone No None

Company Tracking No None
Sub TOI LTC03I 00I Qualified
SERFF Status None
Status Effective Date 06/30/2006

Report Information: Note to Filer

Subject certificate of compliance and readability certification
Comments The signature is missing from the certification of compliance

In addition, the readability certification must show the number of words, sentences, syllables (14 VAC 5-110-60 B)

With these 2 items, submission is ready for approval

Thanks

File Attachments: None

Component Header

Component 29 - Rev 01
 Created by Tammy Smasal on 07/10/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-29/01-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	07/10/2006 05:27:39 PM
Disposition Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Implementation	None	Reviewer Phone	None
Date		Reviewer Fax	None
Deemer Date	None	Primary Reviewer	None
Effective Date	None		
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Resubmitted
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement	None		
Satisfied			
Brief Description	Response to 06/30/2006 Note to Filer		
Filer's Notes	Attached is a certification of compliance		

With respect to the readability certification, we do not have a program that counts the number of syllables. In reviewing 14 VAC 5-110-50 D 2, the number of syllables is necessary only to be used in the calculation of the end result (the flesch score). We use Word in order to calculate the flesch score and respectfully request, under 14 VAC 5-110-50 E, that this alternative test be sufficient. Attached is a screen print of the calculation Word provided for our policy.

Document(s) None

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information	Contact
Allianz Life Insurance Company of North America	Smasal, Tammy

File Attachments. VA Certificate of Compliance pdf, Policy fs pdf

VIRGINIA
CERTIFICATE

RE: Form #: 11-P-Q-VA, et al

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38 1 of the Code of Virginia and the regulations promulgated pursuant thereto

Date July 10, 2006


Vickie Hendrickson
Assistant Vice President, Compliance

Microsoft Word - P10-104.doc

File Edit View Insert Format Tools Table Window Help Acrobat

Read-only Statistics

This Contract is intended to be a part of the Internal Revenue Code of 1986.

We have issued this Contract in full payment - We will pay the

Counts

Words	7471
Characters	36490
Paragraphs	324
Sentences	301

Averages

Sentences per Paragraph	1.6
Words per Sentence	19.3
Characters per Word	4.7

Readability

Passive Sentences	20%
Flesch Reading Ease	51.0
Flesch-Kincaid Grade Level	10.6

OK

as defined under section 7702(b).

application and your payment of the provisions.

within 30 days of its, whichever is later, to the agent from whom it was made a refund of the premium you.

Policy Schedule. The Contract

Contract is based upon your application as attached. If to deny benefits or rescind this Contract, subject to the Incontestability provision under the General Policy Provisions section. The best time to clear up any questions is now before a claim arises. If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number at the top of this page.

Qualified Long Term Care Services are defined as care provided to you in a Nursing Facility or an under the Facility Care Benefit, and services provided to you through Home Health Care Services Adult Day Services or Hospice Care Services under the Home and Community Care Benefit.

If you are eligible for you may request the Guide to Health Insurance for People with available from us.

THIS QUALIFIED LONG TERM CARE INSURANCE CONTRACT IS GUARANTEED

Draw AutoShapes

Page 1 Sec 1 1/23 11:05 AM In 1 Col 1

Bob Calamia Microsoft Internet Microsoft Adobe Acrobat Windows M 100% 3:17 PM

Policy

Component Header

Component 30 - Rev 00
 Created by Tammy Smasal on 06/06/2006
 Assigned To Mary Ann Mason, Bob Grissom,
 [Receiver]
 Company List Allianz Life Insurance Company

Sent 01/19/2006 03:57:00 PM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6L7NDC243/00-30/00-00/00
State Tracking #	7/26102	Component Status	Viewed by State
Component Status (State)	Received & Acknowledged	(SERFF)	
Disposition Date	None	Delivery Date	06/06/2006 01:15:09 PM
Implementation Date	None	Reviewer	Mary Ann Mason, Bob Grissom, [Receiver]
Deemer Date	None	Reviewer Phone	None
Effective Date	None	Reviewer Fax	None
Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Form	Component Action	Initial
Lead Form Number	11-P-Q-VA	State Specific Code	None
Form Title	None	Company Form Number	None
Readability Score	see cert	Replaces Form Number	N/A
Requirement Satisfied	N/A		
Brief Description	Addendum to Actuarial Memorandum		
Filer's Notes	Attached is an addendum to the actuarial memorandum. This addendum addresses the 5% existing policyholder discount that was inadvertently omitted from the actuarial memorandum. Please add this addendum to the actuarial memorandum in component header 6/01. We apologize for any inconvenience this may cause.		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments

Generic 5% EPD addendum.pdf

Addendum to Actuarial Memorandum

Allianz Life Insurance Company of North America
Tax-Qualified Long Term Care Insurance Policy (11-P-Q Series)

This Addendum should be attached to and made a part of the previously filed Actuarial Memorandum for this policy series. The Existing Policyholder Discount was inadvertently left out of the original policy filing.

GENERAL INFORMATION

The Discount section under GROSS PREMIUMS AND PREMIUM FACTORS has been updated to reflect the following:

Existing Policyholder Discount

- a Premium rates will be discounted for policyholders who own any other inforce Allianz product
- b This discount will be 5%. The discount is justifiable due to a reduction in commissions paid on these policies.
- c This discount is not available with the Endorsed Group or Allianz Employee Discounts (if applicable).

ACTUARIAL CERTIFICATION

The presence of this discount does not materially affect the other aspects and assumptions described in the Actuarial Memorandum. The loss ratio (if applicable) continues to meet the minimum loss ratio requirement of this state. Any other certifications continue to hold true with respect to this filing.



Kathy Ignagni, ASA, MAAA
Assistant Actuary
Allianz Life Insurance Company of North America

June 5th, 2006

Transmittal Header

SERT-6P8JCX819/00-00/00-00/00
 Created by Tammy Smasal on 04/26/2006
 Assigned To Mary Ann Mason, [Receiver]
 Company List Allianz Life Insurance
 Company
 publicAccess
 No value

Sent 04/26/2006 09 43 27 AM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Filing Information:

Filing Action	Initial	Filing Date	04/26/2006
State	Virginia	State Instance	None
		Identifier	
State Domain	None	Filing Type	Advertising
Type of	LTC03I Individual Long	Sub TOI	LTC03I 001 Qualified
Insurance	Term Care		
Product Name	Generation Protector		
	II/Select		
Implementation	None	Effective Date	None
Date Requested		Requested	
Project Name	GenPro II Advertising	Project #	11-CB
Fee Required	No	Fee Amount	
Reference	No	Reference Org	None
Filing			
Reference #	None	Advisory Org	None
		Circular #	

Components sent originally with filing

SERT-6P8JCX819/00-01/00-00/00
 SERT-6P8JCX819/00-02/00-00/00
 SERT- 6P8JCX819/00-03/00-00/00
 SERT-6P8JCX819/00-04/00-00/00
 SERT-6P8JCX819/00-0 5/00-00/00
 SERT-6P8JCX819/00-06/00-00/00
 SERT-6P8JCX819/00-07/00-00/00
 SERT-6P8JCX819/00-08/00-00/00
 SERT-6P8JCX819/00-09/00-00/00
 SERT-6P8JCX819 /00-10/00-00/00
 SERT-6P8JCX819/00-11/00-00/00
 SERT-6P8JCX819/00-12/00-00/0 0
 SERT-6P8JCX819/00-13/00-00/00

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Filing Company Info	Contact Info
Allianz Life Insurance Company of North America 5701 Golden Hills Drive, Minneapolis, MN 55416-1297 USA Phone: 800 328 5601 FAX: 763 582 6495 CoCode: 90611 Group Code: 000 FEIN: 41-1366075 State of Domicile: Minnesota State ID Number: None	Tammy Smasal Senior Compliance Analyst Allianz Life Insurance Company of North America 5701 Golden Hills Drive, Minneapolis, MN 55416-1297 USA Phone: 800-328-5601 x32804 FAX: 763-582-6495 Email: tammy_smasal@allianzlife.com

Submission Requirements:

Status	Requirement
Bypassed	LH Certification of Compliance
Bypassed	LHForms Listing
Bypassed	LHPolicy Forms
Satisfied	Advertising Materials

Tracking Information:

Company Tracking #	None	State Tracking #	7/26579
Company Status	None	State Status	Filed
Date Company Status Changed	None	Date State Status Changed	None
SERFF Tracking #	SERT-6P8JCX819/00	Delivery Date	04/26/2006 09 56 21 AM
SERFF Status	Closed - Filed	Disposition Date	04/26/2006
Date SERFF Status Changed	06/12/2006	Implementation Date	None
Deemer Date	05/26/2006	Effective Date	None
Reviewers	Mary Ann Mason, [Receiver]		

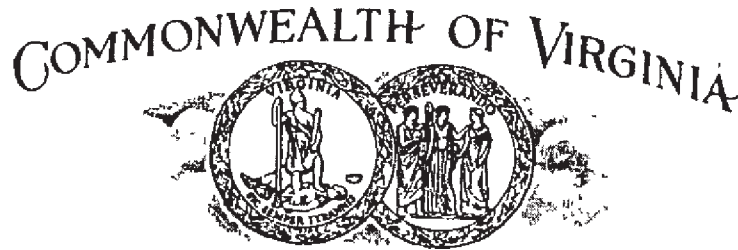
Additional State Tracking Numbers

Allianz Life Insurance Company
of North America 7/26579

State-Specific Fields:

NAIC Number*	90611	Company Name*	Allianz Life Insurance Company
Line of Authority*	Health	Line of Insurance	Long Term Care
Lead Form Number	11-CB	PCNew Policy Effective Date	N/A
PCPolicy Renewal Date	N/A	Filer's Name	Tammy Smasal
Filer's Phone Number	800-328-5601 X32804	Was Checklist Used? Yes/No	Yes
Filing Description*	None		
File Attachments:	None		

**ALFRED W GROSS
COMMISSIONER OF INSURANCE**



**P.O BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE (804) 371-9741
TDD/VOICE (804) 371-9206
<http://www.state.va.us/scc>**

**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

June 12, 2006

VIA SERFF
ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
1750 HENNEPIN AVENUE
MINNEAPOLIS, MN 55403
Attn TAMMY SMASAL
COMPLIANCE ANALYST

RE YOUR SUBMISSION RECEIVED JUNE 7, 2006
SERT-6P8JCX819/00-00/00-00/00
Submission No: 007 0000026579
Form No 11-CB, et al

Dear Ms. Smasal:

The above captioned advertising material was received in our office and filed with the Commission on 04/26/06.

Since it is the company's responsibility to ensure that advertising complies with rules and regulations applicable in Virginia, we have not reviewed this filing for approval or disapproval.

We are stamping our copy, "FILED FOR INFORMATION ONLY "

Yours Truly,

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No (804) 371-9348

Disposition Report

Report Type Disposition Report

Filing Originally Sent 04/26/2006 09 43 27
AM

Created by Mary Ann Mason on 06/12/2006

Sent 06/12/2006 03 05 06 PM

State Virginia
SERFF Tracking SERT-6P8JCX819/00-00/00-01/00
NoResponse To TransmittalHeader
Response To SERT-6P8JCX819/00-00/00-00/00
SERFF Tracking
NoLead Company Allianz Life Insurance
Company of North AmericaCompany Allianz Life Insurance
Company of North AmericaProduct Name Generation Protector
II/Select

Project Name GenPro II Advertising

Filing Date 04/26/2006 09 43 27 AM

Project No 11-CB

State Tracking No 7/26579

Company Tracking None
NoTOI LTC03I Individual Long
Term Care

Sub TOI LTC03I 001 Qualified

Disposition Filed

SERFF Status None

Reviewer Phone No None

No disposition descriptions

Disposition Filed
Disposition Date 04/26/2006
Effective Date None
Type
Effective Date None
Implementation None
Date
Deemer Date 05/26/2006
Comments Please see attachment for status

Thanks

Applies to ComponentsCH 01/00 --- LHCertification of Compliance
CH 02/00 --- LH Forms Listing
CH 03/00 --- LHPolicy Forms
CH 04/00 --- Advertising Materials
CH 05/00 --- Consumer Product Guide (11-CPG
CH 06/00 --- Consumer Brochure (11-CB-SEL)
CH 07/00 --- Consumer Brochure (11-CB-EMP)
CH 08/00 --- Consumer Brochure (0-SCB3)
CH 09/00 --- Consumer Advertisement (0-M91)
CH 09/01 --- Response to 05/22/2006 Problem
CH 10/00 --- Illustration (11-ILL)
CH 11/00 --- Illustration (11-ILL-SEL)
CH 12/00 --- Uniform Transmittal Document
CH 12/01 --- Certificate of Compliance
CH 13/00 --- Cover Letter**File Attachments:** 7 26579 ltc final doc

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Company Contact:

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Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

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Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

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Brief Description	None		
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Company Contact:

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Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

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Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-CB pdf

Live how you want,
where you want, with [Generation Protector II].



Freedom of choice and the comfort of home
in one long term care insurance policy

[Generation Protector IISM]



[Generation Protector II] from Allianz Life[®] can keep you where your heart is – your own home.

[Generation Protector II[™]] is long term care insurance that's more than just nursing home coverage. It pays for health care rendered in the familiar surroundings of a place dear to your heart – your own home. This kind of care honors your independence, protects your privacy, and respects your dignity.

And just as you made the place you live your home, you can design a plan that protects you, your family, and your lifestyle with [Generation Protector II]. For instance, you can benefit from

- A hybrid policy that combines reimbursement and cash options, but is priced more like a traditional reimbursement-only policy
- A coverage-enhancement feature that allows you to increase your coverage every five years without underwriting
- Flexibility to employ your own independent caregivers
- 130% home care option - 30% more coverage to keep you in your home longer
- Flexible premium options that include paying up your policy in 10 equal payments or by age 65

You can count on Allianz Life for the long term.

As you plan for your future, you want a company you can trust to be there in your time of need. Allianz Life is that company

Take comfort in global stability.

Founded in 1896, Allianz Life is a leading provider of long term care insurance products, fixed and variable annuities, and life insurance. It is one of the primary companies of the Allianz Group – a provider of asset management services, banking, and life, health, and property casualty insurance in over 70 countries around the globe.

Rely on our staying power.

Built from this solid foundation of providing insurance and financial services, Allianz Life has made long term care coverage our business since 1990. We are pleased to offer some of the most competitive and innovative long term care insurance products available. Our ongoing commitment is to provide flexible and comprehensive coverage at affordable prices to help protect your nest egg, while offering options that let you tailor coverage to your individual financial needs.

From innovative products to exceptional customer service, Allianz Life is a trusted source for providing people just like you the coverage you need. When it comes to long term care insurance, we'll be here for a long, long time.



Now that you've heard about long term care insurance, you may be wondering if you need it.

You've been working hard to build a financial future for yourself and your family. No doubt you're looking forward to many years of fun, comfort, and relaxation. In this day and age, you don't have to let long term care expenses get in the way of a long and happy retirement. And knowing the facts is the first step to being prepared. Just consider that:

- [At least 40% of people over age 65 will need nursing home care someday, and of those people, about 10% will stay in a nursing home for five or more years.¹
- The average cost of living in a nursing home in the United States is \$57,700² per year (not including what may be the cost of a spouse or adult child continuing to live at home).
- The average nursing home stay (approximately 2.4 years) will cost nearly a half million dollars (\$468,960) by the year 2030.³
- Two-thirds of single people and one-third of married couples exhaust their funds after just 13 weeks in a nursing home. Within two years, 90% will be bankrupt.⁴



Now consider that long term care doesn't automatically mean "nursing home." Many people receive health care services outside the walls of the traditional care facility. In fact, some stay right in their own homes and hire skilled professionals who help with activities like bathing, dressing, and even some basic medical attention.

So even if you don't anticipate needing care at a nursing home, you may still benefit from long term care insurance. Here are some more facts to help you think it through:

- [7.6 million individuals are receiving home care services.⁴
- Home care on average costs \$18.00 per hour – over \$52,000 per year for 8 hours of care per day.⁵

¹ [www.medicare.gov, March, 2005]

² Kiplinger's Retirement Report, March 2004

³ 2004 Field Guide, National Underwriter, 2004

⁴ Basic Statistics about Home Care, National Association for Home Care and Hospice, 2004

⁵ Long-Term Care Cost Finder, CNNmoney.com, 2005]

Planning ahead is a smart move.

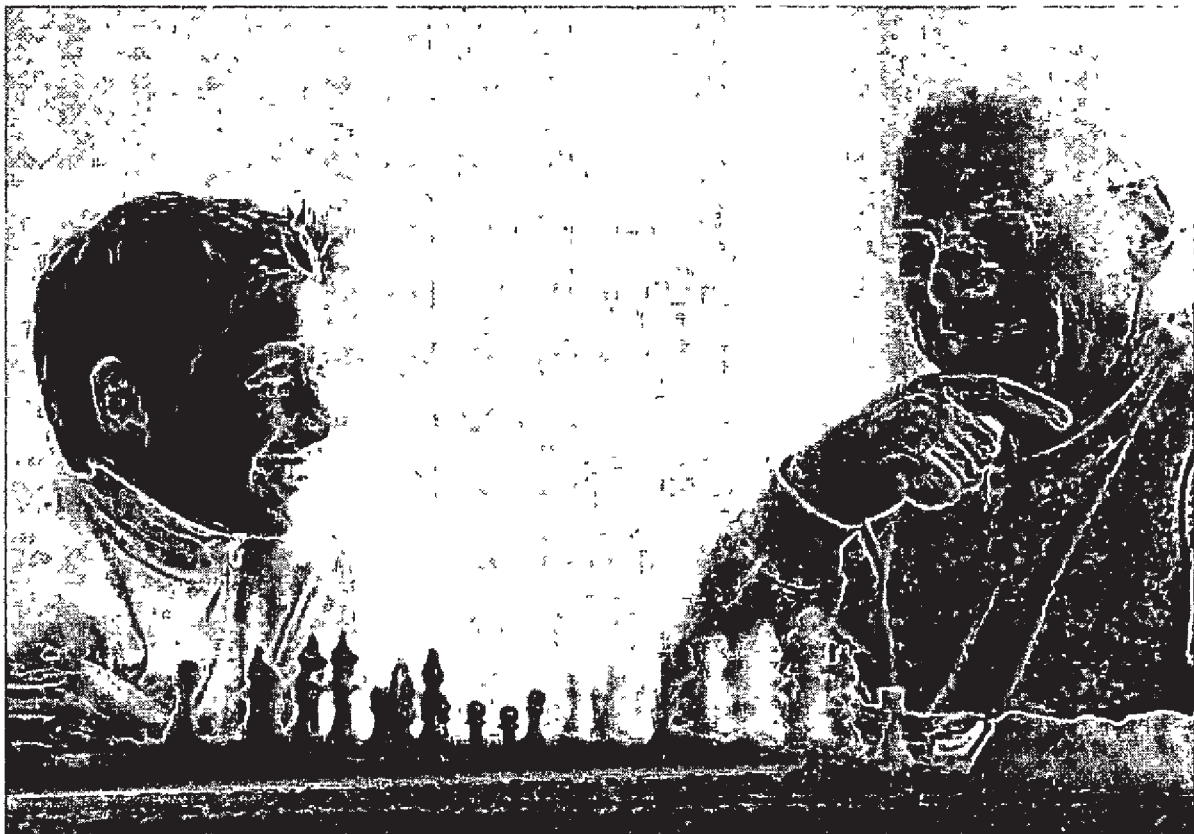
By purchasing a long term care insurance policy now – during your younger, potentially healthier years – you'll save substantially on your premium payments. Why? Because today you are more likely to be insurable. When it comes to buying long term care insurance, good health is a real advantage.

[If you consider that nearly 5 million of the 12 million Americans who need long term care are working-age adults,] it makes sense to secure coverage when it's most affordable – even if you start with a very basic policy.]

In fact, purchasing [Generation Protector II] now is probably one of the easiest and least expensive ways to acquire the protection you're looking for in long term care insurance. You can start with a basic, affordable policy and then enhance your coverage later on with no need for underwriting.

Our enhanced coverage option is a first of its kind for long term care insurance. Just choose a policy that offers the price and protection you can afford today, and we'll make sure you have the flexibility you may need down the road. So lock in your health advantage now!

["Prepare for the Unthinkable: Long Term Care," *MSN Money*, August 2005]



[Generation Protector II]

FREEDOM OF CHOICE
AND THE COMFORT OF HOME 3

What makes [Generation Protector II] so special?

How do I qualify for benefits?

After providing proof of loss, you can receive benefits for covered care if you have satisfied your policy's elimination period and

- You are certified unable to perform two of the six activities of daily living (ADLs) without substantial assistance, and substantial assistance is expected to be required for at least 90 continuous days, or
- You require substantial supervision due to a severe cognitive impairment. A severe cognitive impairment is the deterioration or loss of your intellectual capacity

Note ADLs include bathing, eating, dressing, toileting, continence, and transferring

[Generation Protector II] stands apart from other long term care insurance policies, giving you a range of choices to suit your lifestyle. You choose

- Your maximum daily benefit – from \$50 to \$500 per day
- When your benefits will begin – you can choose an elimination period of 7, 30, 60, 90, 180, or 365 days of qualifying care
- How long benefits will be paid – from a specified number of years to as long as you live
- If you'd like a hybrid long term care insurance policy – a first of its kind!
- How much you receive for care in the comfort of your home – get up to 130% of your policy's daily facility care benefit for home health care, adult day care, or hospice care
- Other policy options and riders – make your [Generation Protector II] coverage a perfect match for your care needs



[Generation Protector II] offers options and riders to match your lifestyle.

Hybrid payment system

[Generation Protector II] gives you the option to receive reimbursement benefits, cash benefits, or a combination of both types of benefits called a "hybrid "

By choosing a hybrid policy you can receive a guaranteed sum of cash in addition to your daily reimbursement rate. Cash benefits are paid monthly, and you can use the cash to pay for all sorts of things not usually covered by conventional long term care insurance.

You may choose to receive 10%, 25%, or even 50% of your daily benefit as cash. So if you want a \$100 daily benefit, for example, you can select to receive up to the entire amount as reimbursement, or up to \$50 (or 50%) of that amount as cash paid as a monthly sum of \$1500. This is calculated as \$50 multiplied by 30 days.

If you prefer to receive cash and not get involved with reimbursement at all, [Generation Protector II] also offers a full cash benefit option. You can select to receive your entire daily benefit as a single monthly cash payment instead. Following the example above, if you would like a \$100 daily benefit as 100% cash, you would receive a \$3000 cash payment each month. Again, this is calculated as \$100 multiplied by 30 days.

No matter how much cash benefit you choose to receive, you can use this money to pay for prescriptions, care from family members, lawn service, transportation, and more!

Independent caregivers

Selecting care providers is an important and personal decision. And [Generation Protector II] honors your individual preference. This means you don't have to go through a home health care agency for services. [Generation Protector II] will also pay for alternative home health care providers including private, independent home health aides and caregivers, giving you the freedom to choose what makes you most comfortable.



[Generation Protector II]

FREEDOM OF CHOICE
AND THE COMFORT OF HOME 5

More options to match your lifestyle

Enhanced coverage option¹

Most long term care insurance products require you to make permanent choices at the moment you purchase the policy. Such a long term decision could potentially mean

- Inadequate coverage later on if you choose the least expensive policy
- Unmanageable premiums today if you choose higher coverage than you can afford
- Problems with insurability if your health changes

However, [Generation Protector II] lets you increase your coverage every five years² **without additional underwriting**. So you can buy the policy you can afford now and then add to your benefit package in later years. Any enhanced coverage is priced according to your attained age at the time of the enhancement purchase.

There are three ways you can enhance your coverage under this option. You can

- Increase your daily benefit amount based on the inflation environment
- Increase your benefit period
- Decrease your elimination period

¹ This feature is not available with the 10-pay option or with the paid-up-at-age-65 option.

² The enhanced coverage option is available every five years up to and including your 30th policy anniversary.



[Generation Protector II]

FREEDOM OF CHOICE
AND THE COMFORT OF HOME

Here's an example of how this may work.

Ben purchases the [Generation Protector II] at age 55. He has a daily benefit of \$100, a benefit period of three years, no inflation adjustment, and a 90-day elimination period. Here's what his coverage looks like:

BEN'S ORIGINAL POLICY			
Client (Ben)	Daily benefit	Benefit period	Elimination period
Male, age 55	\$100	3 years	90 days

Five years later, Ben decides he would like to enhance his daily benefit amount to cover inflation. He also wants to increase his benefit period by one year. Finally, he'd like to decrease his elimination period from 90 to 60 days. Without any underwriting at all, Ben's enhanced [Generation Protector II] benefits look like this:

BEN'S NEW COVERAGE USING THE ENHANCED COVERAGE OPTION			
Client (Ben)	Daily benefit	Benefit period	Elimination period
Age 55 (Original)	\$100	3 years	90 days
Age 60 (Upgrade)	[\$28 additional for inflation]	1 additional year	Reduced to 60 days
Age 65 (Upgrade)	[\$35 additional for inflation]	—	—
Age 65 (Total)	\$163 daily benefit	4 years	60 days

As you can see, Ben gains considerable benefits in how much he receives, for how long, and when. Plus, the premium for his initial coverage that he purchased at age 55 remains the same. Only Ben's enhanced coverage is priced according to his attained age when he purchases the enhancement. So he's able to save money during his first five policy years by maintaining a basic policy, then is able to enhance his coverage at a more affordable price than most long term care insurance policies would offer.

[* This calculation is based on the Consumer Price Index increased at 5% compounding for five years.]

That's the
Allianz Life
 advantage!

[Generation Protector II]

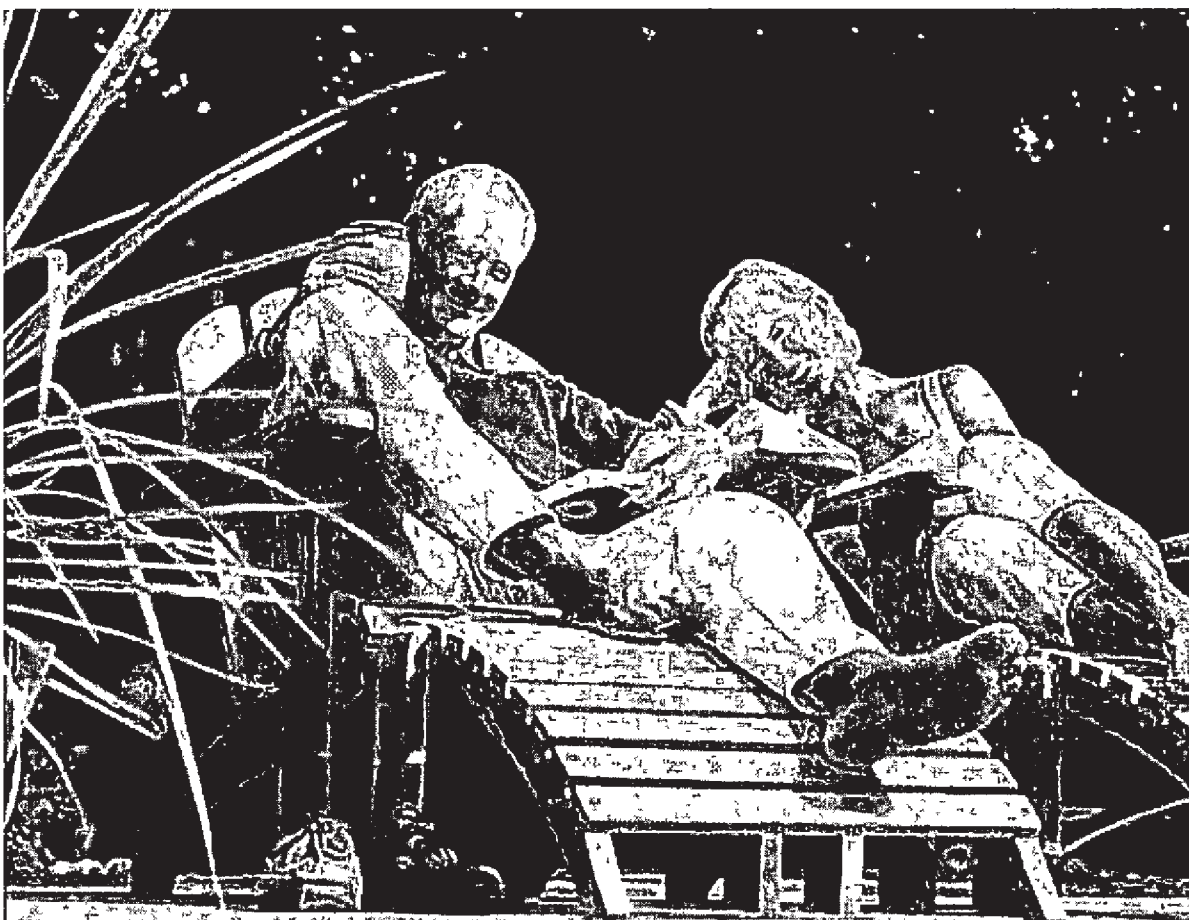
FREEDOM OF CHOICE
 AND THE COMFORT OF HOME 7

10-pay option

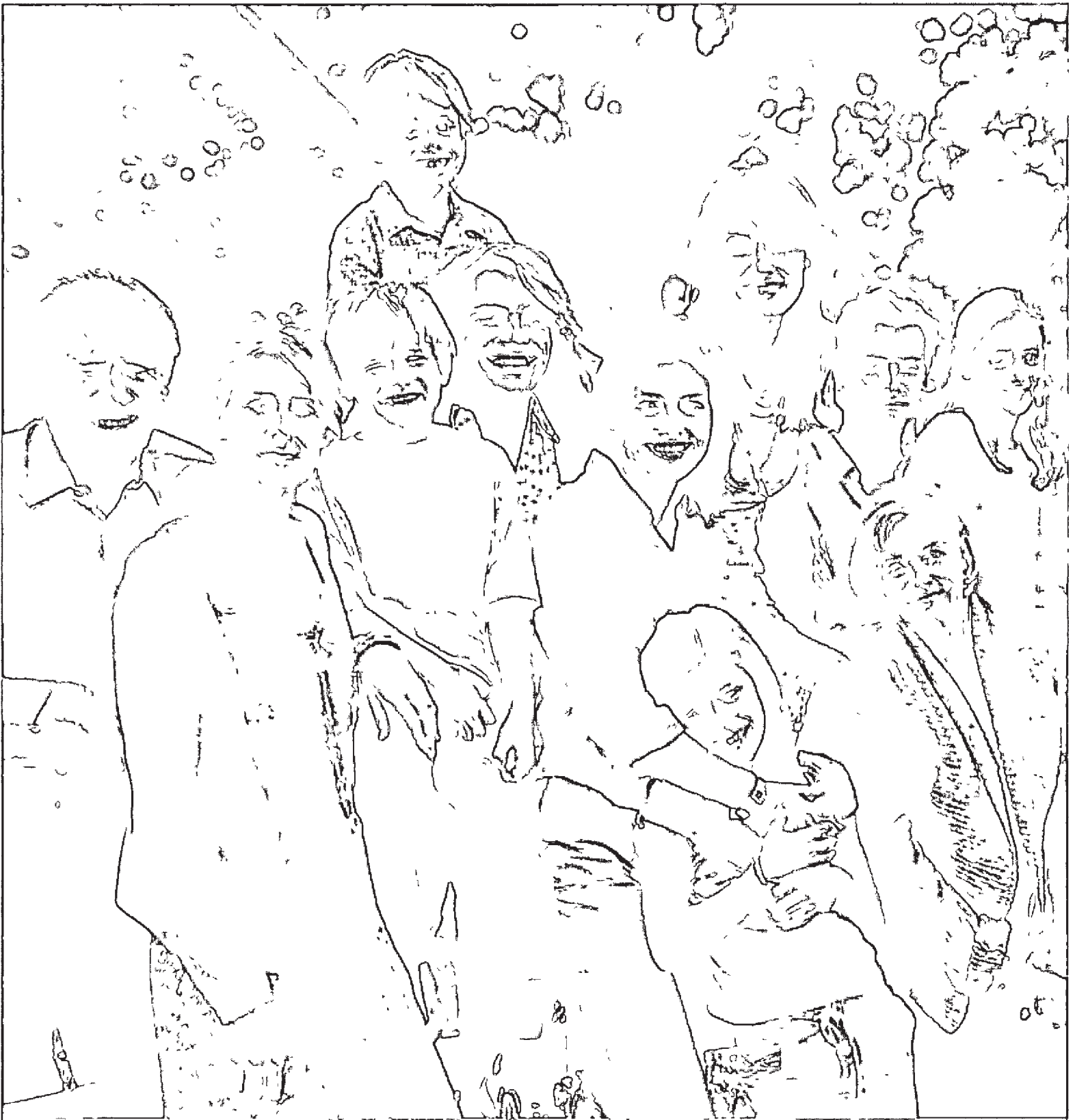
Some people prefer to pay for their long term care insurance policy as quickly as possible during their peak earning years, leaving them free to use future income on travel, second homes, or other things that enhance their later, active years. With [Generation Protector II], you have the option to make equal scheduled payments over 10 years so you can focus on other things that much sooner.

Paid-up-at-age-65 option

By choosing this option, you can wrap up your premium payments just when you are ready to retire. Talk about good timing! You'll have the peace of mind of knowing your long term care coverage is paid in full, so you can enjoy the travel, activities, and relaxation you planned for during your golden years.



Talk with your financial services professional about [Generation Protector II].



When you get right down to it, the place where you want to have your long term care insurance needs met is in an environment that you know and love, surrounded by people you know and love. That means it's probably in your own home or community. You've made important decisions your whole life about how and where you live, and [Generation Protector II[®]] respects that.

Thank you for choosing [Generation Protector II].

Exclusions and limitations.

No benefits will be paid for any confinement, care, treatment, or service(s)

- For alcoholism or drug addiction
- That result from participating in a felony, a riot or an insurrection
- That result from an act of war, declared or undeclared, or during service in the armed forces
- That result from your intentionally self-inflicted injury
- Provided outside the 50 states of the United States, the District of Columbia, or Canada, [except as described in the International Coverage Benefit Rider]
- Provided to you by an Immediate Family Member or someone living in your home
- For which you have no financial liability or that are provided at no charge in the absence of insurance
- That are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

Our top priority is the safety of your money.

[All policies are issued by Allianz Life Insurance Company of North America, a member of the Allianz Group. With over 700 subsidiaries in more than 70 countries, the Allianz Group is one of the world's leading providers of integrated financial services.]

Our goal is to provide policyholders with wealth management products that can help meet today's needs and financial objectives, with a product philosophy of offering fair and equitable values on each policy we issue.

Allianz Life* has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. It is one of a select group of major insurance companies to receive such high ratings.

These independent agency ratings are based on an analysis of financial results and evaluation of management objectives and strategies. The ratings do not indicate approval by the analysts and are subject to change.

Innovative products, exceptional customer service, and sound financial strength make Allianz Life the place to turn to help meet your retirement objectives.]

Policies are issued by Allianz Life Insurance Company of North America
(form number 11-P-Q)

Agent name _____

License number _____

Allianz Life Insurance Company
of North America

[PO Box 1292
Minneapolis, MN 55440-1292]

800/950-1962
www.allianzlife.com]

Product availability and benefits may vary by state

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Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

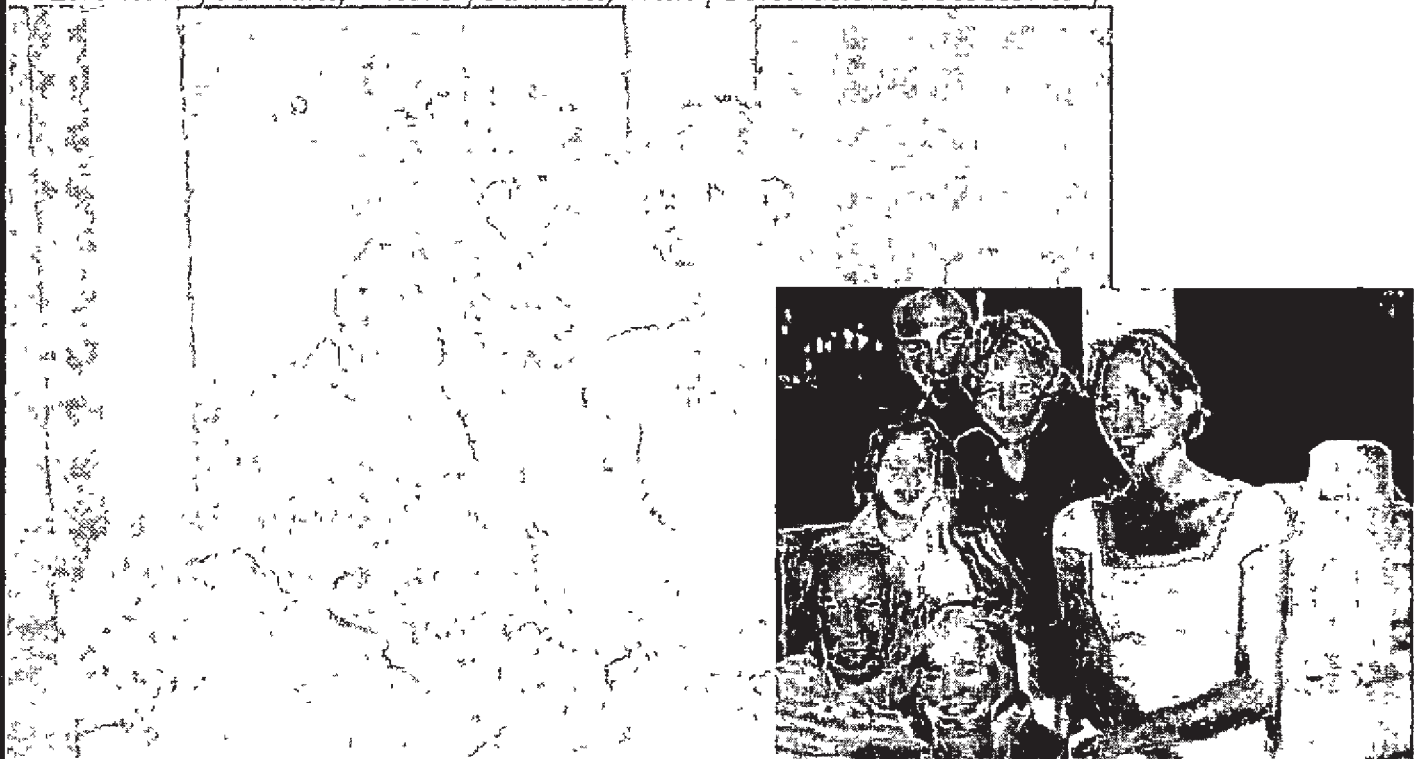
Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-CPG pdf

Live how you want, where you want, with [Generation Protector II]



*Freedom of choice and the comfort of home
in one long term care insurance policy*

Product Guide

[Generation Protector II]

[Generation Protector IISM]

Product features¹ and additional riders

Long term care insurance coverage

- The policy provides comprehensive long term care coverage, including nursing facility, assisted living facility, and home and community care services

Daily benefit amounts

- You may choose a daily benefit amount from \$50 to \$500, in \$10 increments, to cover nursing facility or assisted living facility care. For home and community center care, choose 70%, 100%, or 130% of the facility care daily benefit amount elected

Benefit periods

- You may choose from 2, 3, 4, 5, or 8 years, or unlimited benefits

Maximum lifetime benefit

- The maximum lifetime benefit is calculated as the facility care daily benefit times the benefit period (in years) times 365

Elimination period

- 7-, 30-, 60-, 90-, 180- or 365-day elimination periods are available. The elimination period must be satisfied only once during your lifetime. Once satisfied, no further elimination period is required. The elimination period applies to each insured if you have chosen spousal coverage

Guaranteed renewability

- Allianz Life[®] will never cancel, refuse to renew, or place restrictive riders on coverage once issued, as long as premiums are paid as billed

Five year rate guarantee

International coverage benefit rider

30% discount for spousal policies

10% household discount and 10% married discount

Waiver of premium benefit

- If you have satisfied the elimination period and are eligible for benefit payments, premiums will be waived as they come due. Premiums will continue to be waived for as long as benefits remain payable

Caregiver training benefit

- These funds can be used to train a friend or family member to provide your care. The benefit is equal to five times the facility care daily benefit

Respite care benefit

- These benefits for an alternate caregiver can be used to give your daily informal caregiver a break, up to 30 days per year

Care coordination advisor benefit

- This voluntary program offers you and your family direct assistance in developing a plan of care, and locating and coordinating care services

Bed reservation benefit

- If you are receiving benefits during confinement to a nursing facility or assisted living facility, we will continue to pay up to the maximum facility care daily benefit amount if you become hospitalized or temporarily leave the facility and are billed by the facility to reserve existing accommodations. This benefit is payable for a maximum of 60 days per year

Underwriting classes

- Five underwriting classes are available
 - Preferred Plus
 - Preferred
 - Standard
 - Select I
 - Select II

Issue ages

- Issue ages are 18-84, age at last birthday

Qualifying for benefits

- After providing proof of loss, benefits for covered care services become payable if you have satisfied the elimination period and
 - You are certified, within the previous 12 months, as being unable to perform two out of six activities of daily living (ADLs)³ without substantial assistance from another individual, and the condition is expected to last for at least 90 continuous days, or
 - You require substantial supervision due to a severe cognitive impairment. Severe cognitive impairment means a deficiency in short or long term memory, orientation as to person, place, or time, deductive or abstract reasoning, or judgment as it relates to safety awareness

Payment modes

- Traditional modes of payment are available. Choice of annual, semi-annual, quarterly, or monthly pre-authorized bank draft. [• Payment by credit card is also available.]

Endorsed group discount

- We offer a 5% premium discount to members of eligible endorsed groups. Prior to submission of the endorsed group business, an application for approval of the endorsed group must be submitted to Allianz Life for review and approval

Policyholder discount

- We offer a 5% premium discount for any existing Allianz Life annuity or life policyholder

Coverage Enhancement Rider

- You can enhance your coverage every five years without underwriting. This rider will not be issued if you select the 10-year premium payment rider or paid up at age 65 rider. It is available up to and including your 30th policy anniversary

¹ Benefits may vary by state

² Options may vary by state

³ ADLs are bathing, eating, dressing, toileting, continence, and transferring

ers available²

Monthly indemnity benefit

- You can choose 10%, 25%, or 50% of your daily benefit as cash, or indemnity, which will be paid monthly

Full indemnity benefit rider

- You can choose to have your entire daily benefit as cash, or indemnity, up to \$250 a day. You may not select this rider if you've chosen an 8-year or lifetime benefit period, or if you've chosen the 10-pay rider, paid up at age 65 rider, restoration of benefits option, or spousal shared care rider

Waiver of home and community care elimination period rider

- This rider waives the elimination period while you are chronically ill and receiving home and community care. Each day you receive benefit payments for home and community care will count toward satisfying the facility care elimination period. You may not select this rider if you've chosen a 180- or 365-day elimination period

Calendar day elimination period

- From the first day of qualified long term care services, each day you are chronically ill counts toward the elimination period (rather than counting the days of provided services)

Home and community care monthly benefit

- This benefit converts the daily home and community care benefit to a monthly benefit that can be applied to care received during that month

Spousal shared care rider

- You and your spouse can share the maximum lifetime benefit amounts. You may not choose this rider if you've selected the lifetime benefit period or restoration of benefits option

Spousal waiver of premium rider

- Your premiums are waived for both you and your spouse if one of you is eligible for benefit payments

Spousal survivorship rider

- The policy is fully paid up if either you or your spouse dies after both policies have been in force for at least 10 years

3%, 4%, or 5% lifetime compound benefit increase rider

- These riders increase the daily benefits and remaining maximum lifetime benefit by 3%, 4%, or 5% each year until the policy terminates

Two times compound benefit increase rider

- This rider increases the daily benefits and remaining maximum lifetime benefit by 5% each year until the current benefits exceed two times the original benefits

Simple benefit increase rider

- Daily benefit and remaining maximum lifetime benefit amounts increase each year by 5% of the original benefit amounts until the policy terminates

10-pay premium rider

- Your policy is fully paid up if the required premium has been paid for 10 years

Paid up at age 65 rider

- Your policy is fully paid up if the required premium has been paid until you reach age 65

Shortened benefit rider

- The rider provides an extended benefit if the policy lapses after three or more years. Coverage continues until the total of benefits paid under the policy and riders, including benefits paid before lapse, equals the total premiums paid, but is never less than 30 times the facility care daily benefit in effect at the time of the lapse. There is no cash value or death benefit. If this rider is not selected, a contingent benefit upon lapse rider will be issued at no cost

Return of premium upon death benefit

- Death benefit is equal to the total of all premiums paid less all benefits received

Full return of premium upon death benefit

- Death benefit is equal to the total of all premiums paid

Restoration of benefits rider

- Restores the full maximum value of benefits after insured recovers from illness and benefits are not payable for 180 consecutive days. May not be selected with the spousal shared care rider or lifetime benefit period



No benefits will be paid for any confinement, care, treatment, or service(s); (a) for alcoholism or drug addiction; (b) that result from participating in a felony, a riot or an insurrection; (c) that result from an act of war, declared or undecleared, or during service in the armed forces; (d) that result from your intentionally self-inflicted injury; (e) provided outside the 50 states of the United States, the District of Columbia, or Canada, [except as described in the International Coverage Benefit Rider]; (f) provided to you by an immediate family member or someone living in your home; (g) for which you have no financial liability or that are provided at no charge in the absence of insurance; (h) that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

Product Guide

[Generation Protector IITM]

**Allianz Life Insurance Company
of North America**

**[PO Box 1292
Minneapolis, MN 55440-1292]**

**800/950-1962
www.allianzlife.com]**

Product availability and benefits may vary by state.

[(10/2005)]

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Other Authors None
TOI LTC03I Individual Long Term Care
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Tracking Information:

State Virginia
State Tracking # 7/26579
Component Status Filed
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Disposition Date None
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Effective Date None
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SERFF Tracking # SERT-6P8JCX819/00-06/00-00/00
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Reviewer Mary Ann Mason, [Receiver]
Reviewer Phone None
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Brief Description Consumer Brochure (11-CB-SEL)
Filer's Notes None
Document(s) None

Component Action Initial
State Specific Code None

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-CB-SEL pdf

Live simply
and **confidently** with

[Generation Protector Select.]



Ready-made solutions that take the guesswork out of long term care insurance

[Generation Protector Select™]



With [Generation Protector Select] from Allianz Life[®], long term care insurance makes sense.

Just the thought of deciding on a long term care insurance policy can be exhausting. How much money will you need? For how long? How do the benefits get paid? Who will take care of you?

[Generation Protector Select[™]] has turned these complex questions into a clear and concise way to choose a plan that protects you, your family, and your lifestyle. You simply review a selection of comprehensive, easy-to-understand benefit packages and pick the one that best suits you.

Other special features, such as inflation protection or spousal shared care, are also available to meet your specific situation and goals. But you won't get bogged down with endless decisions. Generation Protector's value-added packages are pre-designed for one reason: your convenience.

[Generation Protector Select] makes it simple to plan for your future long term care, and gives you the comfort of knowing you're covered.

You may be wondering if you need long term care insurance.

You've been working hard to build a financial future for yourself and your family. No doubt you're looking forward to many years of fun, comfort, and relaxation. In this day and age, you don't have to let long term care expenses get in the way of a long and happy retirement. And knowing the facts is the first step to being prepared. Just consider that:

- [At least 40% of people over age 65 will need nursing home care someday, and of those people, about 10% will stay in a nursing home for five or more years.¹
- The average cost of living in a nursing home in the United States is \$57,700² per year (not including what may be the cost of a spouse or adult child continuing to live at home).
- The average nursing home stay (approximately 2.4 years) will cost roughly a half million dollars (\$468,960) by the year 2030.³
- Two-thirds of single people and one-third of married couples exhaust their funds after just 13 weeks in a nursing home. Within two years, 90% will be bankrupt.⁴



Now consider that long term care doesn't automatically mean "nursing home." Many people receive health care services outside the walls of the traditional care facility. In fact, some stay right in their own homes and hire skilled professionals who help with activities like bathing, dressing, and even some basic medical attention.

So even if you don't anticipate needing care at a nursing home, you may still benefit from long term care insurance. Here are some more facts to help you think it through:

- [7.6 million individuals are receiving home care services.⁵
- Home care on average costs \$18.00 per hour – over \$52,000 per year for 8 hours of care per day.⁶

¹ www.medicare.gov, March 2005

² Kiplinger's Retirement Report, March 2004

³ 2004 Field Guide, National Underwriter, 2004

⁴ Basic Statistics about Home Care, National Association for Home Care and Hospice, 2004

⁵ Long-Term Care Cost Finder, CNNmoney.com, 2005

You can count on Allianz Life for the long term.

As you plan for your future, you want a company you can trust to be there in your time of need. Allianz Life is that company



Take comfort in global stability.

Founded in 1896, Allianz Life is a leading provider of long term care insurance products, fixed and variable annuities, and life insurance. It is one of the primary companies of the Allianz Group – a provider of asset management services, banking, and life, health, and property-casualty insurance in over 70 countries around the globe.

Rely on our staying power

Built from this solid foundation of providing insurance and financial services, Allianz Life has made long term care coverage our business since 1990. We are pleased to offer some of the most competitive and innovative long term care insurance products available. Our ongoing commitment is to provide flexible and comprehensive coverage at affordable prices to help protect your nest egg, while offering options that let you tailor coverage to your individual financial needs.

From innovative products to exceptional customer service, Allianz Life is a trusted source for providing people just like you the coverage you need. When it comes to long term care insurance, we'll be here for a long, long time.

Choosing the right long term care insurance policy is simple. Just start with the basics.

When you purchase [Generation Protector Select], you make a few quick choices to create the best long term care experience possible. Here are some of the value-added benefits that can make up your long term care insurance policy.

The amount of money you might need

Your first choice is the amount of your maximum daily benefit – from \$50 to \$500 per day.

The length of time your benefits will be paid

Your policy can pay your long term care benefits for 3, 4, or 5 years.

A hedge against inflation

The inflation protection options offered by [Generation Protector Select] allow you to protect yourself against the rising costs of living. You can choose a two times compound, 3%, 4%, or 5% compound, or 5% simple benefit increase.

The spousal shared care option

If you and your spouse are both covered by [Generation Protector Select], you can share benefits with each other as the need arises.

Now it's time to pick your package...



How do I qualify for benefits?

After providing proof of loss, you can receive benefits for covered care if you have satisfied your policy's elimination period and

- You are certified unable to perform two of the six activities of daily living (ADLs) without substantial assistance, and substantial assistance is expected to be required for at least 90 continuous days, or
- You require substantial supervision due to a severe cognitive impairment. A severe cognitive impairment is the deterioration or loss of your intellectual capacity.

Note: ADLs include bathing, eating, dressing, toileting, continence, and transferring.

Our value-added benefit packages are as easy as A, B, C.

[Generation Protector Select] makes it convenient to pick the right set of long term care benefits based on your personal preference. You can choose an amount, which is a percentage of your facility care benefit, to cover your home and community care. And you can select between monthly or daily benefits for home and community care to match your situation and lifestyle. You may even decide that an additional cash benefit would work better for you.

Just pick the benefit package that suits your own needs:

Benefit	Package A	Package B	Package C
Home and community care benefit This is the amount you can receive for care in the comfort of your own home or community. Use these benefits for home health care, adult day services, or hospice care.	70% of your facility care benefit	100% of your facility care benefit	130% of your facility care benefit
Daily or monthly home and community care benefit You may choose to receive the home and community care benefits as a maximum daily benefit, or if you prefer, as a maximum monthly benefit. [Generation Protector Select] lets you pick what's right for you.	Daily benefit	Monthly benefit	Monthly benefit
Elimination period Before you will begin receiving your benefit payments, a specific number of calendar days must pass.	90 calendar days	90 calendar days	90 calendar days
Monthly indemnity benefit You can choose to receive a monthly cash payment in addition to reimbursement benefits. You can use this money to pay for prescriptions, care from family members, lawn service, transportation, and many other things not usually covered by conventional long term care insurance.	Not available	Not available	25% of your maximum daily benefit times 30 days

Whatever your age, now is the right time.

By purchasing a long term care insurance policy now – during your younger, potentially healthier years – you'll save substantially on your premium payments. Why? Because today you are more likely to be insurable. When it comes to buying long term care insurance, good health is a real advantage.

[If you consider that nearly 5 million of the 12 million Americans who need long term care are working-age adults,¹ it makes sense to secure coverage when it's most affordable – even if you start with very basic coverage.] But what if you want to increase your benefits later? Don't worry – [Generation Protector Select] has you covered.

Our enhanced coverage option is a first of its kind

Most long term care insurance products require you to make permanent choices at the moment you purchase the policy. Such a long-term decision could potentially mean:

- Inadequate coverage later on if you choose the least expensive policy
- Unmanageable premiums today if you choose higher coverage than you can afford
- Problems with insurability if your health changes

However, [Generation Protector Select] lets you increase your coverage every five years **without additional underwriting**.² There are three ways you can enhance your coverage under this option. You can:

- Increase your daily benefit amount based on the inflation environment
- Increase your benefit period
- Decrease your elimination period

Keep in mind that the premium for your initial coverage remains the same. Only your enhanced coverage is priced according to your attained age when you purchase the enhancement. So with [Generation Protector Select], you can get a policy that offers the price and protection that makes sense today **and** the flexibility to enhance your benefits down the road.

[¹"Prepare for the Unthinkable: Long Term Care", *MSN Money*, August 2005]

²The enhanced coverage option is available every five years up to and including your 30th policy anniversary.]

That's the
Allianz Life[®]
advantage!

You've made important decisions your whole life about how and where you live. Talk with your financial services professional about how [Generation Protector Select] can help make your decision about long term care insurance as simple and sensible as possible, so you can live in confidence for years to come.

Thank you for choosing [Generation Protector Select][™]

Exclusions and limitations.

No benefits will be paid for any confinement, care, treatment, or service(s)

- For alcoholism or drug addiction
- That result from participating in a felony, a riot or an insurrection
- That result from an act of war, declared or undeclared, or during service in the armed forces
- That result from your intentionally self-inflicted injury
- Provided outside the 50 states of the United States, the District of Columbia, or Canada, [except as described in the International Coverage Benefit Rider]
- Provided to you by an Immediate Family Member or someone living in your home
- For which you have no financial liability or that are provided at no charge in the absence of insurance
- That are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount

Our top priority is the safety of your money.

[All policies are issued by Allianz Life Insurance Company of North America, a member of the Allianz Group. With over 700 subsidiaries in more than 70 countries, the Allianz Group is one of the world's leading providers of integrated financial services.]

Our goal is to provide policyholders with wealth management products that can help meet today's needs and financial objectives, with a product philosophy of offering fair and equitable values on each policy we issue.

Allianz Life[®] has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. It is one of a select group of major insurance companies to receive such high ratings.

These independent agency ratings are based on an analysis of financial results and evaluation of management objectives and strategies. The ratings do not indicate approval by the analysts and are subject to change.

Innovative products, exceptional customer service, and sound financial strength make Allianz Life the place to turn to help meet your retirement objectives.]

Policies are issued by Allianz Life Insurance Company of North America
(form number 11-P-Q)

Agent name _____

License number _____

Allianz Life Insurance Company
of North America

[PO Box 1292
Minneapolis, MN 55440-1292]

800/950-1962
www.allianzlife.com]

Product availability and benefits may vary by state

[(11/2005)]

Component Header

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Other Authors None
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State Tracking #	7/26579	Component Status	Assigned to Reviewer
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Component Information:

Component Type	Advertisement	Component Action	Initial
Lead Form Number	11-CB	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Consumer Brochure (11-CB-EMP)		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

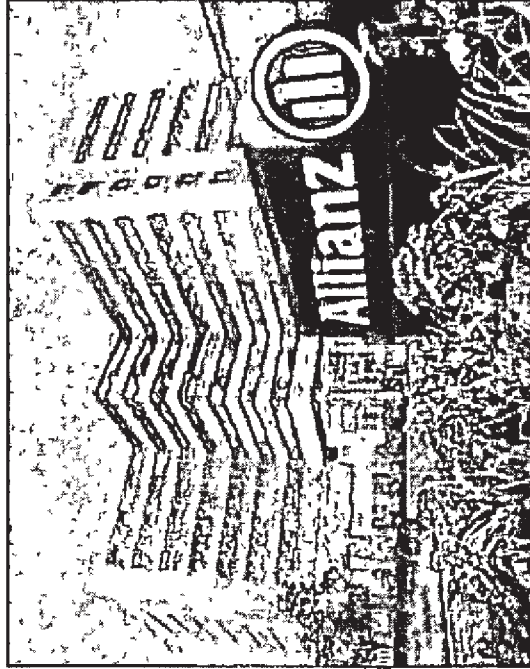
Contact

Smasal, Tammy

File Attachments: 11-CB-EMP pdf



Global stability. Financial staying power
Innovative products. Allianz Life offers the right combination to help your employees achieve their financial goals, while helping you build a more confident workforce



At Allianz Life® our vision is that every American will have the opportunity to live out their life with financial independence.

Thank you for choosing
Allianz Life® for your
employees' long term
insurance care needs.

Allianz Life Insurance Company
of North America

PO Box 1292
Minneapolis, MN 55440-1292
800/950-1962
www.allianzlife.com

Product availability and benefits may vary by state

[(11/2005)]



Turning risk into benefit

*How you can enrich your
employee benefit package
with long term care insurance*

Allianz Life Insurance Company
of North America

11-CB-EMP

Long term care: a real possibility
for today's workforce.

Long term care insurance: a value
to your employees and your business.

Allianz Life: a long term partner
you can count on.

More and more Americans – including many healthy, working age adults – are likely to need long term care at some point in their lives. And that need comes at a cost. Consider that

- [At least 40% of people over age 65 will need nursing home care some day, and of those people, about 10% will stay in a nursing home for five or more years¹
- The average cost of living in a nursing home in the United States is \$57,700 per year²
- By 2030, 20% of all people in the U.S. will have passed age 65³. By then the average nursing home stay will cost \$468,940⁴

Many of your own employees may be contemplating long term care and its daunting financial implications. [In fact, 48% of today's workers are not confident in their ability to pay for long term care in retirement⁵]

The real possibility of needing long term care is clear. The question is

How can you help your employees prepare for the future?

- ¹ www.medicare.gov, March 2005
- ² *Kiplinger's Retirement Report*, March 2004
- ³ *Executive Summary: The State of Aging and Health in America*, Centers for Disease Control, 2004
- ⁴ *Kiplinger's Retirement Report*, March 2004

When you offer your employees long term care insurance, you're providing more than an employment benefit

[Given that nearly 5 million of the 12 million Americans who need long term care are working-age adults⁶, you're giving your employees the comfort of knowing they'll be covered.] You're giving them the confidence that they can make their own health care decisions. And you're providing invaluable financial security by helping to protect their hard-earned assets

Long term care insurance can also make good economic sense and can be a sound business strategy

By offering long term care coverage as part of your comprehensive benefit package, you can enhance the vitality of your own business by

- Attracting and retaining superior employees
- Staying competitive with or surpassing other companies in your industry
- Increasing employee satisfaction and productivity

Think of long term care insurance as a "win-win" for the employees you value and care about, and the business you worked so hard to build

- ⁵ *2004 Retirement Confidence Survey*, Employee Benefit Research Institute, 2004
- ⁶ "Prepare for the Unthinkable: Long Term Care," *MSN Money*, August 2005]

As you consider long term care insurance, you want a company you can trust to be there in your employees' time of need. Allianz Life[®] is that company

Founded in 1896, Allianz Life is a leading provider of long term care insurance products, fixed and variable annuities, and life insurance. It is one of the primary companies of the Allianz Group – a provider of asset management services, banking, and life, health, and property-casualty insurance in over 70 countries around the globe

Built from this solid foundation of providing insurance and financial services, Allianz Life has made long term care coverage our business since 1990. We are pleased to offer some of the most competitive and innovative long term care insurance products available. Our ongoing commitment is to provide flexible and comprehensive coverage at affordable prices to help protect your employees' wealth against the rising costs of healthcare.

[I think long term care is the greatest concern in terms of financial security for people today. [It can] ruin people financially more quickly than anything else out there.]

– Carne Le Grice
Associate Editor
Senior Market Advisor
July 2005]

Component Header

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State Tracking # 7/26579
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Reviewer Mary Ann Mason, [Receiver]

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Brief Description Consumer Brochure (0-SCB3)
Filer's Notes None
Document(s) None

Component Action Initial
State Specific Code None

Company Contact:

Lead Company Allianz Life Insurance Company of North America

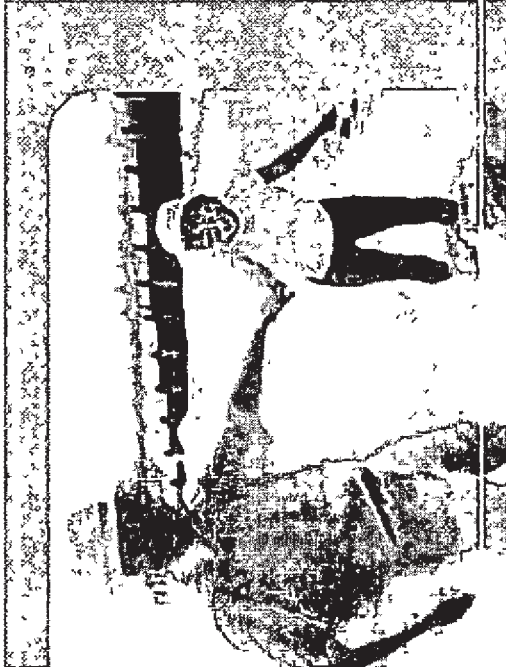
Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 0-SCB3 pdf



Seven Priorities of Senior Citizens

If you're like most people, you want to:

- **Preserve** your financial independence
- **Avoid** depending upon family members for your care
- **Protect** your assets and have an estate for your heirs
- **Be seen** as a blessing by your loved ones, not a burden
- **Maintain** the wealth you created over a lifetime
- **Assure** that you have access to quality care
- **Avoid** leaving a legacy of debt to your spouse or children

Long term care insurance can help you achieve these goals.

Count on our strength

All policies are issued by Allianz Life Insurance Company of North America, a member of the Allianz Group. With over 700 subsidiaries in more than 70 countries, the Allianz Group is one of the world's leading providers of integrated financial services.

Our goal is to provide policyholders with wealth management products that can help meet today's needs and financial objectives, with a product philosophy of offering fair and equitable values on each policy we issue.

Allianz Life® has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. It is one of a select group of major insurance companies to receive such high ratings.

These independent agency ratings are based on an analysis of financial results and evaluation of management objectives and strategies. The ratings do not indicate approval by the analysts and are subject to change.

Innovative products, exceptional customer service, and sound financial strength make Allianz Life the place to turn to help meet your retirement objectives.

Agent name _____

License number _____

Policies are issued by
Allianz Life Insurance Company of North America

MO Residents: LTC Buyer's Guide available upon request from
the Missouri Department of Insurance, 800/726-7390

**Allianz Life Insurance Company
of North America**

PO Box 1292
Minneapolis, MN 55440-1292
800/950-1962
www.allianzlife.com
(10/2005)



Assessing the Risks
Facts about Long Term Care

Know the facts

84% of Americans have had at least some experience with nursing homes – either as a patient or a visitor, and 46% say a family member or close friend has been in a home in the past three years
(*Senior Journal*, July 2005)

Medicare generally doesn't pay for long term care
(www.medicare.gov, 2005)

48% of today's workers are not confident in their ability to pay for long term care in retirement
(*Retirement Confidence Survey*, Employee Benefit Research Institute, 2004)

By 2030, 20% of all Americans, or about 70 million people, will have passed their 65th birthday. The average 75-year-old has three chronic conditions and uses five prescription drugs
(Executive Summary, *The State of Aging and Health in America*, Centers for Disease Control, 2004)



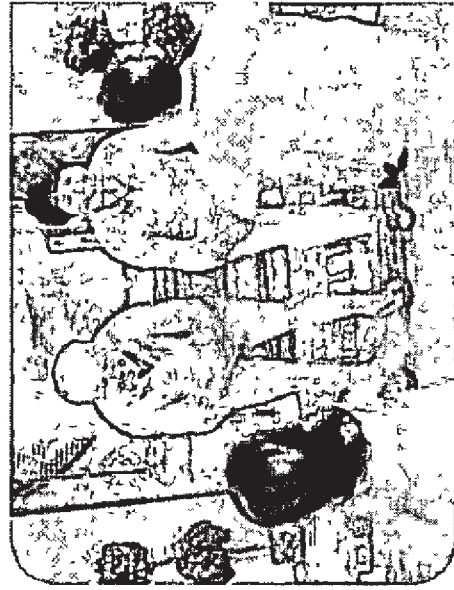
Assess the risks

You have a one-in-96 chance of your house being damaged by fire.
(but surely your home is covered!)

You have a one-in-five chance of your car being damaged in an accident.
(but you wouldn't drive without auto insurance!)

But you have a 50% chance that you will need long term care at some point in your life.
(so why wouldn't you insure your independence?)

(2004 *Act* Card, National Underwriter, 2004)



Understand the costs

Two-thirds of single people and one-third of married couples exhaust their funds after just 13 weeks in a nursing home. Within two years, 90% will be bankrupt.
(2004 *Field Guide*, National Underwriter, 2004)

The average cost per year of nursing home care is \$57,700
(*Kiplinger's Retirement Report*, March 2004)

The median cost of care in an assisted living facility is \$30,000 per year
(*Adult Day Care Services*, AARP, February 2004)

By 2030, the average nursing home stay will cost approximately half a million dollars (\$468,960)
(*Kiplinger's Retirement Report*, March 2004)

"I think LTC is the greatest concern in terms of financial security for people today. [It can] ruin people financially quicker than anything else out there." –

Carrie LeGrice, Associate Editor, Senior Market Advisor,
quoted in July 2005 Senior Market Advisor.

Component Header

Component 09 -- Rev 00
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Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Advertisement	Component Action	Initial
Lead Form Number	11-CB	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Consumer Advertisement (0-M91)		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

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Problem Report

Report Type Problem Report

Filing Originally Sent 04/26/2006 09 43 27 AM

Created by Mary Ann Mason on 05/22/2006

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State Virginia
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Response To ComponentHeader
Response To SERT-6P8JCX819/00-09/00-00/00
SERFF Tracking No

Lead Company Allianz Life Insurance
Company of North America

Company Allianz Life Insurance
Company of North America

Product Name Generation Protector
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Project Name GenPro II Advertising

Filing Date 04/26/2006 09 43 27 AM

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State Tracking No 7/26579

Company Tracking No None

TOI LTC03I Individual Long
Term Care

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Report Status Incomplete Filing

SERFF Status None

Reviewer Phone No None

Status Effective Date 05/22/2006

Report Information: Problem Report

No problem descriptions

Applies to None

Components

Comments Form 0-M91 shows the name of the company and form number in brackets
Please remove brackets

The certification of compliance does not display the signature of the
officer of the company Please include

Mary Ann Mason @804 371-9348

File Attachments: None

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Component Status (State)	Filed	(SERFF)	
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Requirement Status	None	Primary Reviewer	None

Component Information:

Component Type	Advertisement	Component Action	Resubmitted
Lead Form Number	11-CB	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Response to 05/22/2006 Problem Report		
Filer's Notes	Attached is form 0-M91 revised to remove the brackets around the company name. With respect to brackets around the form number, brackets appear only around the revision date, which we do not consider part of the form number. This date would change if the bracketed statistics and/or sources were updated.		
	With respect to the certification of compliance not displaying the signature of the officer of the company, Vickie Hendrickson's electronic signature is displayed and she is, indeed, an officer of the company (Assistant VP of Compliance).		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information
 Allianz Life Insurance Company of North America

Contact
 Smasal, Tammy

File Attachments: 0-M91 pdf



Allianz Life Insurance Company of North America **will be there for you.**

When considering **long term** care coverage, consider a **long term** company.

Allianz Life® has made long term care coverage our business for more than 15 years, built on more than a 100-year foundation of providing insurance and financial services.

Consider just a few of the reasons you can trust our commitment to serving you:

- We have never raised rates on existing business
- You receive swift, personalized attention. We maintain in-house underwriters to ensure our service is convenient and responsive.
- You get your policy fast. We issue policies within four weeks on average.
- You're in good company [In 2004 we grew 103%, and were ranked the 7th largest long term care insurance company in America¹]
- You can rely on our financial staying power. Allianz Life has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. We are among a select group of major insurance companies to receive such high ratings.
- Our company is backed by global stability. Allianz Life is part of the Allianz Group, [the world's third largest financial company²] offering asset management, banking operations, life, health, and property-casualty insurance in more than 70 countries.

From innovative products to exceptional customer service, Allianz Life is a trusted source for providing people just like you the coverage they need. When it comes to long term care insurance, **we'll be here for a long, long time.**

[¹LIMRA International, Inc., 2004]

[²Based on assets as of 12/31/03, Wall Street Journal, 2004]

Allianz Life Insurance Company
of North America

[PO Box 1292
Minneapolis, MN 55440-1292]

800/950-1962
www.allianzlife.com]

O-M91 [(11/2005)]

Product availability and benefits may vary by state

[Allianz Life. The best at next™]

Component Header

Component 10 - Rev 00
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Other Authors None
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Component Type Advertisement
Lead Form Number 11-CB
Requirement N/A
Satisfied
Brief Description Illustration (11-ILL)
Filer's Notes None
Document(s) None

Component Action Initial
State Specific Code None

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information
Allianz Life Insurance Company of North
America

Contact
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File Attachments: 11-ILL.pdf

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Prepared For:

ClientFirstName ClientLastName
 SpResFirstName SpResLastName

Illustration Title

If Revised illustration then

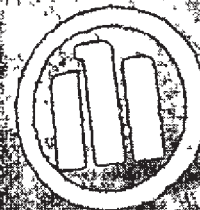
Generation Protector II Long Term Care Insurance Policy Illustration – Revised
 Policy Number PolNum

else

Generation Protector II Long Term Care Insurance Policy Illustration

endif

Allianz



Presented By: AgentFirstName AgentLastName

AgentAddressLine1

AgentAddressLine2

AgentAddressCity, AgentAddressState AgentAddressZip

AgentAddressPhone

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for further details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is #11-P-Q.

QUALIFIED TAX STATUS This illustrates a Long Term Care Insurance Contract intended to be a federally tax-qualified long term care insurance contract as defined under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As an insurance company, we do not provide legal or tax advice. You should consult with your attorney, accountant or tax advisor regarding the tax implications of purchasing long term care insurance.

GUARANTEED RENEWABLE The contract is guaranteed renewable for life. Premium rates are subject to change. You may renew the contract for the rest of your life. To renew, just pay the premium due. It must be paid by the due date or within the Grace Period. We cannot refuse to renew the contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, subject to the approval of the state insurance department, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass

Elimination Period Elim1

Individual Modal Premium \$Modal\$1

Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit Amount

\$DailyFC1

Home and Community Care Daily Benefit Amount (Percent%)

\$DailyHCC1

Benefit Period

BenPeriod1

Maximum Lifetime Benefit

\$MaxLifeBen1

Elimination Period

Elim1

OPTIONAL BENEFITS SELECTED

If Polnd1nder is illustrated

Full Indemnity Benefit Rider

Provides a monthly cash benefit in lieu of reimbursement of the Facility Care Daily Benefit and Home and Community Care Daily Benefit

End Polnd1

If MonthIndem1 is illustrated

Monthly Indemnity Benefit Rider

An amount equal to *If MonthIndem1* > 0 *MonthIndem1*% of your daily benefit to be received as cash, or indemnity, paid on a monthly basis

End MonthIndem1

If 10Pay1is illustrated

10 Year Premium Payment Rider

Your policy is fully paid-up if the required premium has been paid for 10 years

End 10Pay1

If Pay651is illustrated

Paid Up at Age 65 Rider

Your policy is fully paid-up if the required premium has been paid until the first policy anniversary following your 65th birthday

End Pay651

If 5%Life1 is illustrated

5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amounts

End 5%Life1

If 2Xcola1 is illustrated

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass

Elimination Period Elim1

Individual Modal Premium \$Modal\$1

Needs to be satisfied only once

Two Times Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Based Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amounts until the current benefit amounts exceed two times the original benefit amounts
End 2Xcola1

If Simple1 is illustrated

Simple Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), and Full Indemnity Benefit (if elected), increase by 5% of the original benefit amounts Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase
End Simple1

If 3%Cola1 is illustrated

3% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 3% of the previous year's amounts
End 3%Cola1

If 4%Cola1 is illustrated

4% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 4% of the previous year's amounts
End 4%Cola1

If FullROP1 is illustrated

Full Return of Premium Upon Death Benefit

If the policy terminates because of your death, a death benefit, equal to total premiums paid, will be paid to your beneficiary or to your estate if no beneficiary has been designated
End FullROP1

If ROP1 is illustrated

Return of Premium Upon Death Benefit

If the policy terminates because of your death, a death benefit, equal to total premiums paid less total benefits paid, will be paid to your beneficiary or to your estate if no beneficiary has been designated
End ROP1

If ShortBen1 is illustrated

Shortened Benefit Rider

If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of lapse

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass

Elimination Period Elim1

Individual Modal Premium \$Modal\$1

Needs to be satisfied only once

End ShortBen1

If RestBen1 is illustrated

Restoration of Benefits

Restores the full maximum value of your benefits after you recover from an illness and your benefits are not payable for 180 consecutive days

End RestBen1

If HCCMB1 is illustrated

Home and Community Care Monthly Benefit

Converts your daily Home and Community Care Benefit to a monthly benefit that may be applied to care received during that month

End HCCMB1

If CDEP1 is illustrated

Calendar Day Elimination Period

If you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period

End CDEP1

If WHCCEP1 is illustrated

Waiver of Home and Community Care Elimination Period Rider

Your Elimination Period is waived if you are receiving Home and Community Care, and the days you receive Home and Community Care count toward the satisfaction of your Elimination Period for Facility Care

End WHCCEP1

If SPSurv is illustrated

Spousal Survivorship Rider

The policy will be paid-up with no further premiums due if one insured dies after both policy's have been in-force for ten years

End SPSurv

If SWOP is illustrated

Spousal Waiver of Premium Rider

Premiums for both insureds will be waived if one is eligible for benefits

End SWOP

If SCC is illustrated

Spousal Shared Care Rider

Allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted

End SCC

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass

Elimination Period Elim1

Individual Modal Premium \$Modal\$1

Needs to be satisfied only once

If a SpRes is illustrated

Spousal Discount Rider

Provides a 30% premium discount when both you and your spouse purchase a Generation Protector Policy

End SpRes

If SpResNot is illustrated

Household Discount Rider

Provides a 10% premium discount when both you and someone with whom you are living purchase a Generation Protector Policy

End SpResNot

If MarrDisc is illustrated

Marned Discount Rider

Provides a 10% premium discount if you are marned

End MarrDisc

If PHDisc is illustrated

Policy Holder Discount Rider

Provides a 5% premium discount if you are an existing Allianz policyholder

End PhrDisc

PREMIUMS

Comprehensive Care Plan

\$Comp01

If PolInd1

Full Indemnity Benefit Rider

\$Full01

End PolInd1

If MonthIndem1

Monthly Indemnity Benefit Rider

\$MonthIndem01

End MonthIndem1

If 10Pay1

10 Year Premium Payment Rider

\$Pay1001

End 10Pay1

If Pay651

Paid Up at Age 65 Rider

\$Pay6501

End Pay651

If 3%Cola1

3% Lifetime Compound Benefit Increase Rider

\$3Cola01

End 3%Cola1

If 4%Cola1

4% Lifetime Compound Benefit Increase Rider

\$4Cola01

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Generation Protector II Long Term Care Insurance Illustration If revised then – Revised

<i>Client</i> <i>FirstName</i> <i>Client</i> <i>LastName</i> Elimination Period <i>Elim1</i> Needs to be satisfied only once	<i>Client</i> <i>Gender</i> <i>Client</i> <i>Age</i> , <i>Client</i> <i>RiskClass</i> Individual <i>Modal</i> Premium <i>\$Modal\$1</i>
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<i>End 4%Cola1</i> <i>If 5%Life1</i> 5% Lifetime Compound Benefit Increase Rider <i>End 5%Life1</i> <i>If 2Xcola1</i> Two Times Compound Benefit Increase Rider <i>End 2Xcola1</i> <i>If Simple1</i> Simple Benefit Increase Rider <i>End Simple1</i> <i>If FullROP1</i> Full Return of Premium Upon Death Benefit <i>End FullROP1</i> <i>If ROP1</i> Return of Premium Upon Death Benefit <i>End ROP1</i> <i>If ShortBen1</i> Shortened Benefit Rider <i>End ShortBen1</i> <i>If RestBen1</i> Restoration of Benefits <i>End RestBen1</i> <i>If HCCMB1</i> Home and Community Care Monthly Benefit <i>End HCCMB1</i> <i>If CDEP1</i> Calendar Day Elimination Period <i>End CDEP1</i> <i>If WHCCEP1</i> Waiver of Home and Community Care Elimination Period Rider <i>End WHCCEP1</i> <i>If SpSurv</i> Spousal Survivorship Rider <i>End SpSurv</i> <i>If SWOP</i> Spousal Waiver of Premium Rider <i>End SWOP</i> <i>If SCC</i> Spousal Shared Care Rider <i>End SCC</i>	 <i>\$5Cola01</i> <i>\$2Times01</i> <i>\$Simple01</i> <i>\$FROP01</i> <i>\$ROP01</i> <i>\$Short01</i> <i>\$Restore01</i> <i>\$Monthly01</i> <i>\$Calen01</i> <i>\$WaveHome01</i> <i>\$Survive01</i> <i>\$SpWaiv01</i> <i>\$Shared01</i>
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TOTAL ANNUAL PREMIUM	\$AnnPrem01
TOTAL ANNUAL PREMIUM LESS <i>Discount type</i> POLICY DISCOUNT	\$AnnPrem01a

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Agent <i>Agent</i> <i>FirstName</i> <i>Agent</i> <i>LastName</i> <i>Date</i> <i>Month</i> <i>Day</i> <i>Year</i> <i>Hour</i> <i>Minute</i> <i>Policy</i> <i>FormNo</i>	Ver <i>Ver</i> <i>No</i> State <i>Iss</i> <i>State</i> Page <i>Cur</i> <i>Page</i> of <i>Tot</i> <i>Page</i>
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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

<i>ClientFirstName ClientLastName</i>		<i>ClientGender ClientAge, ClientRiskClass</i>	
<i>Elimination Period Elim1</i>		<i>Individual Modal Premium \$Modal\$1</i>	
Needs to be satisfied only once			

TOTAL ANNUAL PREMIUM LESS ENDORSED GROUP DISCOUNT	\$AnnPrem01b
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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

Elimination Period Elm2

Needs to be satisfied only once

SpResGender SpResAge, SpResRiskClass

Individual Modal Premium \$Modal\$2

POLICY BENEFITS SELECTED

Facility Care Daily Benefit Amount

\$DailyFC2

Home and Community Care Daily Benefit Amount (Percent%)

\$DailyHCC2

Benefit Period

BenPeriod2

Maximum Lifetime Benefit

\$MaxLifeBen2

Elimination Period

Elm2

OPTIONAL BENEFITS SELECTED

If Polnd2 nder is illustrated

Full Indemnity Benefit Rider

Receive your entire daily benefit as cash, or indemnity, which will be paid monthly

End Polnd2

If MonthIndem2 is illustrated

Monthly Indemnity Benefit Rider

An amount equal to *If MonthIndem2 > 0* MonthIndem1% of your daily benefit to be received as cash, or indemnity, paid on a monthly basis

End MonthIndem2

If 10Pay2 is illustrated

10 Year Premium Payment Rider

Your policy is fully paid up if the required premium has been paid for 10 years

End 10Pay2

If Pay652 is illustrated

Paid Up at Age 65 Rider

Your policy is fully paid up if the required premium has been paid until the first policy anniversary following your 65th birthday

End Pay652

If 5%Life2 is illustrated

5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amount

End 5%Life2

If 2Xcola2 is illustrated

Two Times Compound Benefit Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amounts until the current benefit amounts exceed two times the original benefit amounts

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

SpResGender SpResAge, SpResRiskClass

Elimination Period *Elim2*

Individual Modal Premium *\$Modal\$2*

Needs to be satisfied only once

End 2Xcola2

If Simple2 is illustrated

Simple Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), and Full Indemnity Benefit (if elected), increase by 5% of the original benefit amounts. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase.

End Simple2

If 3%Cola2 is illustrated

3% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 3% of the previous year's amounts.

End 3%Cola2

If 4%Cola2 is illustrated

4% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if elected), Full Indemnity Benefit (if elected), and remaining Maximum Lifetime Benefit increase by 4% of the previous year's amounts.

End 4%Cola2

If FullROP2 is illustrated

Full Return of Premium Upon Death Benefit

If the policy terminates because of your death, a death benefit, equal to total premiums paid, will be paid to your beneficiary or to your estate if no beneficiary has been designated.

End FullROP2

If ROP2 is illustrated

Return of Premium Upon Death Benefit

If the policy terminates because of your death, a death benefit, equal to total premiums paid less total benefits paid, will be paid to your beneficiary or to your estate if no beneficiary has been designated.

End ROP2

If ShortBen2 is illustrated

Shortened Benefit Rider

If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of lapse.

End ShortBen2

If RestBen2 is illustrated

Restoration of Benefits

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

SpResGender SpResAge, SpResRiskClass

Elimination Period Elim2

Individual Modal Premium \$Modal\$2

Needs to be satisfied only once

Restores the full maximum value of your benefits after you recover from an illness and your benefits are not payable for 180 consecutive days

End ResiBen2

If HCCMB2 is illustrated

Home and Community Care Monthly Benefit

Converts your daily Home and Community Care Benefit to a monthly benefit that may be applied to care received during that month

End HCCMB2

If CDEP2 is illustrated

Calendar Day Elimination Period

If you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period

End CDEP2

If WHCCEP2 is illustrated

Waiver of Home and Community Care Elimination Period Rider

Your Elimination Period is waived if you are receiving Home and Community Care, and the days you receive Home and Community Care count toward the satisfaction of your Elimination Period for Facility Care

End WHCCEP2

If SPSurv is illustrated

Spousal Survivorship Rider

The policy will be paid-up with no further premiums due if one insured dies after both policy's have been in-force for ten years

End SPSurv

If SWOP is illustrated

Spousal Waiver of Premium Rider

Premiums for both insureds will be waived if one is eligible for benefits

End SWOP

If SCC is illustrated

Spousal Shared Care Rider

Allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted

End SCC

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

Elimination Period Elim2

Needs to be satisfied only once

SpResGender SpResAge, SpResRiskClass

Individual Modal Premium \$Modal\$2

If a SpRes is illustrated

Spousal Discount Rider

Provides a 30% premium discount when both you and your spouse purchase a Generation Protector Policy

End SpRes

If SpResNot is illustrated

Household Discount Rider

Provides a 10% premium discount when both you and someone with whom you are living purchase a Generation Protector Policy

End SpResNot

If MarrDisc is illustrated

Married Discount Rider

Provides a 10% premium discount if you are married

End MarrDisc

If PHDisc is illustrated

Policy Holder Discount Rider

Provides a 5% premium discount if you are an existing Allianz policyholder

End PhrDisc

PREMIUMS

Comprehensive Care Plan

\$Comp02

If PolInd2

Full Indemnity Benefit Rider

\$Full02

End PolInd2

If MonthIndem2

Monthly Indemnity Benefit Rider

\$MonthIndem02

End MonthIndem2

If 10Pay2

10 Year Premium Payment Rider

\$Pay1002

End 10Pay2

If Pay652

Paid Up at Age 65 Rider

\$Pay6502

End Pay652

If 3%Cola2

3% Lifetime Compound Benefit Increase Rider

\$3Cola02

End 3%Cola2

If 4%Cola2

4% Lifetime Compound Benefit Increase Rider

\$4Cola02

End 4%Cola2

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

<i>SpResFirstName SpResLastName</i>	<i>SpResGender SpResAge, SpResRiskClass</i>
<i>Elimination Period Elim2</i>	<i>Individual Modal Premium \$Modal\$2</i>
<i>Needs to be satisfied only once</i>	

<i>If 5%Life2</i> 5% Lifetime Compound Benefit Increase Rider <i>End 5%Life2</i> <i>If 2Xcola2</i> Two Times Compound Benefit Increase Rider <i>End 2Xcola2</i> <i>If Simple2</i> Simple Benefit Increase Rider <i>End Simple2</i> <i>If FullROP2</i> Full Return of Premium Upon Death Benefit <i>End FullROP2</i> <i>If ROP2</i> Return of Premium Upon Death Benefit <i>End ROP2</i> <i>If ShortBen2</i> Shortened Benefit Rider <i>End ShortBen2</i> <i>If RestBen2</i> Restoration of Benefits <i>End RestBen2</i> <i>If HCCMB2</i> Home and Community Care Monthly Benefit <i>End HCCMB2</i> <i>If CDEP2</i> Calendar Day Elimination Period <i>End CDEP2</i> <i>If WHCCEP2</i> Waiver of Home and Community Care Elimination Period Rider <i>End WHCCEP2</i> <i>If SpSurv</i> Spousal Survivorship Rider <i>End SpSurv</i> <i>If SWOP</i> Spousal Waiver of Premium Rider <i>End SWOP</i> <i>If SCC</i> Spousal Shared Care Rider <i>End SCC</i>	 \$5Cola02 \$2Times02 \$Simple02 \$FROP02 \$ROP02 \$Short02 \$Restore02 \$Monthly02 \$Calen02 \$WaveHome02 \$Survive02 \$SpWaiv02 \$Shared02
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TOTAL ANNUAL PREMIUM	\$AnnPrem02
TOTAL ANNUAL PREMIUM LESS <i>Discount type</i> POLICY DISCOUNT	\$AnnPrem02a
TOTAL ANNUAL PREMIUM LESS ENDORSED GROUP DISCOUNT	\$AnnPrem02b

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Generation Protector II Long Term Care Insurance Illustration *If revised then – Revised*

<i>ClientFirstName ClientLastName</i>	<i>SpResFirstName SpResLastName</i>
<i>ClientGender ClientAge, ClientRiskClass</i>	<i>SpResGender SpResAge, SpResRiskClass</i>
<i>Elimination Period Elim1</i>	<i>Elimination Period Elim2</i>
<i>Individual Modal Premium \$Modal\$1</i>	<i>Individual Modal Premium \$Modal\$2</i>

Premium Summary

<u>Premium Mode</u>	<u>ClientFirstName ClientLastName</u>	<u>SpResFirstName SpResLastName</u>	<u>Discounttype Premium</u>
Annual			
Semi-Annual			
Quarterly			
Monthly			

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[Generation Protector II Long Term Care Insurance Illustration
COLA Report]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
Elim1 Elimination Period
\$DailyFC1 Facility Care Daily Benefit
HCC1% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

If 5%Life1 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life1

If 4%Cola1 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola1

If 3%Cola1 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola1

If 2Xcola1 is illustrated

Two Times Compound Benefit Increase Rider

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**[Generation Protector II Long Term Care Insurance Illustration
COLA Report]**

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola1

If Simple1 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple1

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
ClientAge	DailyFC1	DailyFC1	MaxLifeBen1	AnnualPremium1
ClientAge+3	DailyFC1	?	?	AnnualPremium1
ClientAge+6	DailyFC1	?	?	AnnualPremium1
ClientAge+9	DailyFC1	?	?	AnnualPremium1
ClientAge+12	DailyFC1	?	?	AnnualPremium1
ClientAge+15	DailyFC1	?	?	AnnualPremium1
ClientAge+18	DailyFC1	?	?	AnnualPremium1
ClientAge+21	DailyFC1	?	?	AnnualPremium1
ClientAge+24	DailyFC1	?	?	AnnualPremium1
ClientAge+27	DailyFC1	?	?	AnnualPremium1
ClientAge+30	DailyFC1	?	?	AnnualPremium1

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[Generation Protector II Long Term Care Insurance Illustration
COLA Report]

SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
Elim2 Elimination Period
\$DailyFC2 Facility Care Daily Benefit
HCC2% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

If 5%Life2 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life2

If 4%Cola2 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

If 3%Cola2 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

If 2Xcola2 is illustrated

Two Times Compound Benefit Increase Rider

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**[Generation Protector II Long Term Care Insurance Illustration
COLA Report]**

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola2

If Simple2 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts, Lifetime Benefit Pool, Monthly Indemnity Benefit (if elected) and Full Indemnity Benefit (if elected). The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple2

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
SpResAge	DailyFC2	DailyFC2	MaxLifeBen2	AnnualPremium2
SpResAge+3	DailyFC2	?	?	AnnualPremium2
SpResAge+6	DailyFC2	?	?	AnnualPremium2
SpResAge+9	DailyFC2	?	?	AnnualPremium2
SpResAge+12	DailyFC2	?	?	AnnualPremium2
SpResAge+15	DailyFC2	?	?	AnnualPremium2
SpResAge+18	DailyFC2	?	?	AnnualPremium2
SpResAge+21	DailyFC2	?	?	AnnualPremium2
SpResAge+24	DailyFC2	?	?	AnnualPremium2
SpResAge+27	DailyFC2	?	?	AnnualPremium2
SpResAge+30	DailyFC2	?	?	AnnualPremium2]

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ClientFirstName ClientLastName	Individual Annual Premium	\$AnnualPremium1
ClientGender Age ClientAge, ClientRiskClass		
BenPeriod1 Benefit Period		
Elim1 Elimination Period		
\$DailyFC1 Facility Care Daily Benefit		
HCC1% Home and Community Care Daily Benefit		
If a Discount is illustrated		
Discount Title		
Endif		
If nders are chosen then		
RiderTitles		
Endif		

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						

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11-ILL

[Generation Protector II Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Options]

180 Days
365 Days

Two Times Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

Simple Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

5% Lifetime Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

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**[Generation Protector II Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Options]**

SpResFirstName SpResLastName Individual Annual Premium \$AnnualPremium2
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
Elim2 Elimination Period
\$DailyFC2 Facility Care Daily Benefit
HCC2% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

No Cola Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

3% Lifetime Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

4% Lifetime Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						

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[Generation Protector II Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Options]

180 Days
365 Days

Two Times Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

Simple Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

5% Lifetime Compound Benefit Increase Rider

		Benefit Period					
		2 Years	3 Years	4 Years	5 Years	8 Years	Lifetime
Elimination Period	7 Days						
	30 Days						
	60 Days						
	90 Days						
	180 Days						
	365 Days						

1

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[Generation Protector II Long Term Care Insurance Illustration
Break Even Analysis]

[ClientFirstName ClientLastName Individual Annual Premium \$AnnualPremium1
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
Elim1 Elimination Period
\$DailyFC1 Facility Care Daily Benefit
HCC1% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

<u>Years Premium Paid</u>	<u>Days to Recover Premiums Paid</u>
1	\$todate1/dailybenefit
5	\$todate1/dailybenefit
10	\$todate1/dailybenefit
15	\$todate1/dailybenefit
20	\$todate1/dailybenefit
25	\$todate1/dailybenefit

SpResFirstName SpResLastName Individual Annual Premium \$AnnualPremium2
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
Elim2 Elimination Period
\$DailyFC2 Facility Care Daily Benefit
HCC2% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

<u>Years Premium Paid</u>	<u>Days to Recover Premiums Paid</u>
1	\$todate2/dailybenefit
5	\$todate2/dailybenefit
10	\$todate2/dailybenefit
15	\$todate2/dailybenefit
20	\$todate2/dailybenefit
25	\$todate2/dailybenefit]

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[Generation Protector II Long Term Care Insurance Illustration
Enhanced Coverage Analysis]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
Elim1 Elimination Period
\$DailyFC1 Facility Care Daily Benefit
HCC1% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
Endif

Individual Annual Premium \$AnnualPremium1
Annual Inflation Assumption CPI01%

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	ClientAge+5					
10	ClientAge+10					
15	ClientAge+15					
20	ClientAge+20					
25	ClientAge+25					
30	ClientAge+30					

SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
Elim2 Elimination Period
\$DailyFC2 Facility Care Daily Benefit
HCC2% Home and Community Care Daily Benefit
If a Discount is illustrated
Discount Title
Endif
If riders are chosen then
RiderTitles
endif

Individual Annual Premium \$AnnualPremium2
Annual Inflation Assumption CPI02%

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	SpResAge+5					
10	SpResAge+10					
15	SpResAge+15					
20	SpResAge+20					
25	SpResAge+25					
30	ClientAge+30					

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Component Header

Component 11 - Rev 00
 Created by Tammy Smasal on 04/26/2006
 Assigned To Mary Ann Mason, [Receiver]
 Company List Allianz Life Insurance Company

Sent 04/26/2006 09 43 27 AM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

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(State)		Delivery Date	04/26/2006 09 56 46 AM
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Effective Date	None	Primary Reviewer	None
Requirement	None		
Status			

Component Information:

Component Type	Advertisement	Component Action	Initial
Lead Form Number	11-CB	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Illustration (11-ILL-SEL)		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: 11-ILL-SEL.pdf

Allianz Life Insurance Company

of North America



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(800) 950-7372
www.allianzlife.com

Prepared For:

ClientFirstName ClientLastName
SpResFirstName SpResLastName

IllustrationTitle

If Revised illustration then

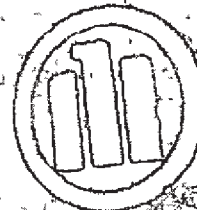
Generation Protector Select Long Term Care Insurance Policy Illustration - Revised
Policy Number PolNum

else

Generation Protector Select Long Term Care Insurance Policy Illustration

endif

Allianz



Presented By: AgentFirstName AgentLastName

AgentAddressLine1

AgentAddressLine2

AgentAddressCity, AgentAddressState AgentAddressZip

AgentAddressPhone

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for further details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is #11-P-Q.

QUALIFIED TAX STATUS This illustrates a Long Term Care Insurance Contract intended to be a federally tax-qualified long term care insurance contract as defined under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. As an insurance company, we do not provide legal or tax advice. You should consult with your attorney, accountant or tax advisor regarding the tax implications of purchasing long term care insurance.

GUARANTEED RENEWABLE The contract is guaranteed renewable for life. Premium rates are subject to change. You may renew the contract for the rest of your life. To renew, just pay the premium due. It must be paid by the due date or within the Grace Period. We cannot refuse to renew the contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, subject to the approval of the state insurance department, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

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11-ILL-SEL

Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass
Individual Modal Premium \$Modal\$1

POLICY BENEFITS SELECTED

Facility Care Daily Benefit Amount
Benefit Period
Maximum Lifetime Benefit

\$DailyFC1
BenPeriod1
\$MaxLifeBen1

If 3%Cola1 is illustrated

\$3Cola01

3% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 3% of the previous year's amounts
End 3%Cola1

If 4%Cola1 is illustrated

\$4Cola01

4% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 4% of the previous year's amounts
End 4%Cola1

If 5%Life1 is illustrated

\$5Cola01

5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amount
End 5%Life1

If 2Xcola1 is illustrated

\$2Times01

Two Times Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amounts until the current benefit amounts exceed two times the original benefit amounts
End 2Xcola1

If Simple1 is illustrated

\$Simple01

Simple Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, and Monthly Indemnity Benefit (Package C only) increase by 5% of the original benefit amounts
Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase
End Simple1

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Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

ClientFirstName ClientLastName

ClientGender ClientAge, ClientRiskClass
Individual Modal Premium \$Modal\$1

If SCC is illustrated

\$Shared01

Spousal Shared Care Rider

Allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted
End SCC

If ShortBen2 is illustrated

\$Short01

Shortened Benefit Rider

If you lapse your policy after three years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or 30 times the Facility Care Daily Benefit in effect on the date of lapse
End ShortBen2

If a SpRes is illustrated

\$SpRes01

Spousal Discount Rider

Provides a 30% premium discount when both you and your spouse purchase a Generation Protector policy
End SpRes

If SpResNot is illustrated

\$SpResNot01

Household Discount Rider

Provides a 10% premium discount when both you and someone with whom you are living purchase a Generation Protector Policy
End SpResNot

If MarrDisc is Illustrated

\$MarrDisc01

Marrned Discount Rider

Provides a 10% premium discount if you are married
End MarrDisc

If PHDisc is Illustrated

\$PHDisc01

Policy Holder Discount Rider

Provides a 5% premium discount if you are an existing Allianz policyholder
End PhrDisc

PACKAGE OPTIONS AND PREMIUMS

BENEFIT	PACKAGE A	PACKAGE B	PACKAGE C
	<i>All of the above, PLUS</i>	<i>All of the above, PLUS</i>	<i>All of the above, PLUS</i>
Home and Community Based Care Amount	70% of your facility care benefit	100% of your facility care benefit	130% of your facility care benefit
Home and Community Care Daily Benefit	Daily Benefit	Monthly Benefit	Monthly Benefit

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Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

*Client*FirstName *Client*LastName

*Client*Gender *Client*Age, *Client*RiskClass
Individual *Modal* Premium \$*Modal*\$1

Elimination Period <i>(needs to be satisfied only once)</i>	90 Calendar Days	90 Calendar Days	90 Calendar Days
Monthly Indemnity Benefit	Not Available	Not Available	\$ <i>DailyFC</i> 1x 25
Total Annual Premium	\$	\$	\$
Total Annual Premium Less <i>Discount</i> type Policy Discount	\$	\$	\$
Total Annual Premium Less Endorsed Group Discount	\$	\$	\$

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*Date*MonthDayYearHourMinute
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Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

SpResGender SpResAge, SpResRiskClass
Individual Modal Premium \$Modal\$2

POLICY BENEFITS SELECTED

Daily Facility Care Benefit Amount

\$DailyFC2

Benefit Period

BenPeriod2

Maximum Lifetime Benefit

\$MaxLifeBen2

If 3%Cola2 is illustrated

\$3Cola02

3% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 3% of the previous year's amounts

End 3%Cola2

If 4%Cola2 is illustrated

\$4Cola02

4% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 4% of the previous year's amounts

End 4%Cola2

If 5%Life2 is illustrated

\$5Cola02

5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amount

End 5%Life2

If 2Xcola2 is illustrated

\$2Times02

Two Times Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (Package C only), and remaining Maximum Lifetime Benefit increase by 5% of the previous year's amounts until the current benefit amounts exceed two times the original benefit amounts

End 2Xcola2

If Simple2 is illustrated

\$Simple02

Simple Benefit Increase Rider

Each year your Facility Care Daily Benefit, Home and Community Care Daily Benefit, and Monthly Indemnity Benefit (Package C only) increase by 5% of the original benefit amounts
Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase

End Simple2

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Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

SpResGender SpResAge, SpResRiskClass
Individual Modal Premium \$Modal\$2

If SCC is illustrated

\$Shared02

Spousal Shared Care Rider

Allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted
End SCC

If ShortBen2 is illustrated

\$Short02

Shortened Benefit Rider

if you lapse your policy after three years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or 30 times the Facility Care Daily Benefit in effect on the date of lapse
End ShortBen2

If a SpRes is illustrated

\$SpRes02

Spousal Discount Rider

Provides a 30% premium discount when both you and your spouse purchase a Generation Protector policy
End SpRes

If SpResNot is illustrated

\$SpResNot02

Household Discount Rider

Provides a 10% premium discount when both you and someone with whom you are living purchase a Generation Protector Policy
End SpResNot

If MarrDisc is Illustrated

\$MarrDisc02

Married Discount Rider

Provides a 10% premium discount if you are married
End MarrDisc

If PHDisc is Illustrated

\$PHDisc02

Policy Holder Discount Rider

Provides a 5% premium discount if you are an existing Allianz policyholder
End PhrDisc

PACKAGE OPTIONS AND PREMIUMS

BENEFIT	PACKAGE A	PACKAGE B	PACKAGE C
	<i>All of the above, PLUS</i>	<i>All of the above, PLUS</i>	<i>All of the above, PLUS</i>
Home and Community Based Care Amount	70% of your facility care benefit	100% of your facility care benefit	130% of your facility care benefit
Home and Community Care Daily Benefit	Daily Benefit	Monthly Benefit	Monthly Benefit

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Generation Protector Select Long Term Care Insurance Illustration *If revised then – Revised*

SpResFirstName SpResLastName

SpResGender SpResAge, SpResRiskClass
Individual Modal Premium \$Modal\$2

Elimination Period <i>(needs to be satisfied only once)</i>	90 Calendar Days	90 Calendar Days	90 Calendar Days
Monthly Indemnity Benefit	Not Available	Not Available	<i>\$DailyFC2x 25</i>
Total Annual Premium	\$	\$	\$
Total Annual Premium Less Discounttype Policy Discount	\$	\$	\$
Total Annual Premium Less Endorsed Group Discount	\$	\$	\$

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[Generation Protector Select Long Term Care Insurance Illustration
COLA Report]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC1 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
endif

PACKAGE A

70% Home and Community Care Daily Benefit
Home and Community Care Daily Benefit

If 5%Life1 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.
End 5%Life1

If 4%Cola1 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.
End 4%Cola1

If 3%Cola1 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.
End 3%Cola1

If 2Xcola1 is illustrated

Two Times Compound Benefit Increase Rider

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**[Generation Protector Select Long Term Care Insurance Illustration
COLA Report]**

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola1

If Simple1 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple1

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
ClientAge	DailyFC1	DailyFC1	MaxLifeBen1	AnnualPremium1
ClientAge+3	DailyFC1	?	?	AnnualPremium1
ClientAge+6	DailyFC1	?	?	AnnualPremium1
ClientAge+9	DailyFC1	?	?	AnnualPremium1
ClientAge+12	DailyFC1	?	?	AnnualPremium1
ClientAge+15	DailyFC1	?	?	AnnualPremium1
ClientAge+18	DailyFC1	?	?	AnnualPremium1
ClientAge+21	DailyFC1	?	?	AnnualPremium1
ClientAge+24	DailyFC1	?	?	AnnualPremium1
ClientAge+27	DailyFC1	?	?	AnnualPremium1
ClientAge+30	DailyFC1	?	?	AnnualPremium1

PACKAGE B

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

If 5%Life1 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life1

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[Generation Protector Select Long Term Care Insurance Illustration
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If 4%Cola1 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola1

If 3%Cola1 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola1

If 2Xcola1 is illustrated

Two Times Compound Benefit Increase Rider

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola1

If Simple1 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple1

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
ClientAge	DailyFC1	DailyFC1	MaxLifeBen1	AnnualPremium1
ClientAge+3	DailyFC1	?	?	AnnualPremium1
ClientAge+6	DailyFC1	?	?	AnnualPremium1
ClientAge+9	DailyFC1	?	?	AnnualPremium1
ClientAge+12	DailyFC1	?	?	AnnualPremium1

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<i>ClientAge+15</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>
<i>ClientAge+18</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>
<i>ClientAge+21</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>
<i>ClientAge+24</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>
<i>ClientAge+27</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>
<i>ClientAge+30</i>	<i>DailyFC1</i>	<i>?</i>	<i>?</i>	<i>AnnualPremium1</i>

PACKAGE C

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC1x 25 Monthly Indemnity Benefit

If 5%Life1 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life1

If 4%Cola1 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola1

If 3%Cola1 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola1

If 2Xcola1 is illustrated

Two Times Compound Benefit Increase Rider

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**[Generation Protector Select Long Term Care Insurance Illustration
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Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola1

If Simple1 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple1

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
ClientAge	DailyFC1	DailyFC1	MaxLifeBen1	AnnualPremium1
ClientAge+3	DailyFC1	?	?	AnnualPremium1
ClientAge+6	DailyFC1	?	?	AnnualPremium1
ClientAge+9	DailyFC1	?	?	AnnualPremium1
ClientAge+12	DailyFC1	?	?	AnnualPremium1
ClientAge+15	DailyFC1	?	?	AnnualPremium1
ClientAge+18	DailyFC1	?	?	AnnualPremium1
ClientAge+21	DailyFC1	?	?	AnnualPremium1
ClientAge+24	DailyFC1	?	?	AnnualPremium1
ClientAge+27	DailyFC1	?	?	AnnualPremium1
ClientAge+30	DailyFC1	?	?	AnnualPremium1

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[Generation Protector Select Long Term Care Insurance Illustration
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SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC2 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
endif

PACKAGE A

70% Home and Community Care Daily Benefit
Home and Community Care Daily Benefit

If 5%Life2 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life2

If 4%Cola2 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola2

If 3%Cola2 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola2

If 2Xcola2 is illustrated

Two Times Compound Benefit Increase Rider

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**[Generation Protector Select Long Term Care Insurance Illustration
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Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola2

If Simple2 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple2

Age	Initial Daily Benefit	Daily Benefit	Lifetime Benefit	Annual Premium
SpResAge	DailyFC2	DailyFC2	MaxLifeBen2	AnnualPremium2
SpResAge+3	DailyFC2	?	?	AnnualPremium2
SpResAge+6	DailyFC2	?	?	AnnualPremium2
SpResAge+9	DailyFC2	?	?	AnnualPremium2
SpResAge+12	DailyFC2	?	?	AnnualPremium2
SpResAge+15	DailyFC2	?	?	AnnualPremium2
SpResAge+18	DailyFC2	?	?	AnnualPremium2
SpResAge+21	DailyFC2	?	?	AnnualPremium2
SpResAge+24	DailyFC2	?	?	AnnualPremium2
SpResAge+27	DailyFC2	?	?	AnnualPremium2
SpResAge+30	DailyFC2	?	?	AnnualPremium2

PACKAGE B

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

If 5%Life2 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life2

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If 4%Cola2 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola2

If 3%Cola2 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola2

If 2Xcola2 is illustrated

Two Times Compound Benefit Increase Rider

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola2

If Simple2 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple2

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
SpResAge	DailyFC2	DailyFC2	MaxLifeBen2	AnnualPremium2
SpResAge+3	DailyFC2	?	?	AnnualPremium2
SpResAge+6	DailyFC2	?	?	AnnualPremium2
SpResAge+9	DailyFC2	?	?	AnnualPremium2

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SpResAge+12	DailyFC2	?	?	AnnualPremium2
SpResAge+15	DailyFC2	?	?	AnnualPremium2
SpResAge+18	DailyFC2	?	?	AnnualPremium2
SpResAge+21	DailyFC2	?	?	AnnualPremium2
SpResAge+24	DailyFC2	?	?	AnnualPremium2
SpResAge+27	DailyFC2	?	?	AnnualPremium2
SpResAge+30	DailyFC2	?	?	AnnualPremium2

PACKAGE C

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC2x 25 Monthly Indemnity Benefit

If 5%Life2 is illustrated

5% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 5%Life2

If 4%Cola2 is illustrated

4% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 4% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 4%Cola2

If 3%Cola2 is illustrated

3% Lifetime Compound Benefit Increase Rider

Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 3% of the previous year's benefit amounts. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 3%Cola2

If 2Xcola2 is illustrated

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy.
This illustration is not valid without all Totpage pages.

Agent AgentFirstName AgentLastName
DateMonthDayYearHourMinute
PolicyFormNo

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State IssState
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[Generation Protector Select Long Term Care Insurance Illustration
COLA Report]

Two Times Compound Benefit Increase Rider

Two Times Compound inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts and your remaining Lifetime Benefit Pool each year by 5% of the previous year's benefit amounts. This is done until your benefit amounts first exceed two times your original benefit amounts. At 5% compounding, it will take just over 14 years for your benefit amounts to first exceed two times your original benefit amounts. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End 2xcola2

If Simple2 is illustrated

Simple Benefit Increase Rider

Simple inflation protection is an automatic increase to your policy's Daily Benefit amounts and Lifetime Benefit Pool. The inflation protection is added annually and increases your benefit amounts each year by 5% of the policy's initial benefit level. Your remaining Lifetime Benefit Pool is increased by 5% of the policy's initial benefit level divided by the benefit amounts just before the increase. This is done for as long as your policy is in force. The inflation protection also continues while you are receiving benefits from your policy. Long term care costs have increased in the past and are likely to continue to increase in the future. By having inflation protection, your benefits are more likely to keep up with rising long term care costs.

End Simple2

<u>Age</u>	<u>Initial Daily Benefit</u>	<u>Daily Benefit</u>	<u>Lifetime Benefit</u>	<u>Annual Premium</u>
SpResAge	DailyFC2	DailyFC2	MaxLifeBen2	AnnualPremium2
SpResAge+3	DailyFC2	?	?	AnnualPremium2
SpResAge+6	DailyFC2	?	?	AnnualPremium2
SpResAge+9	DailyFC2	?	?	AnnualPremium2
SpResAge+12	DailyFC2	?	?	AnnualPremium2
SpResAge+15	DailyFC2	?	?	AnnualPremium2
SpResAge+18	DailyFC2	?	?	AnnualPremium2
SpResAge+21	DailyFC2	?	?	AnnualPremium2
SpResAge+24	DailyFC2	?	?	AnnualPremium2
SpResAge+27	DailyFC2	?	?	AnnualPremium2
SpResAge+30	DailyFC2	?	?	AnnualPremium2]

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DateMonthDayYearHourMinute
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[Generation Protector Select Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Packages]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC1 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
End]

No COLA Rider

	<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years		
Period	4 Years		
	5 Years		

3% Lifetime Compound Benefit Increase Rider

	<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years		
Period	4 Years		
	5 Years		

4% Lifetime Compound Benefit Increase Rider

	<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years		
Period	4 Years		
	5 Years		

Two Times Compound Benefit Increase Rider

	<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years		
Period	4 Years		
	5 Years		

Simple Benefit Increase Rider

	<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
--	------------------	------------------	------------------

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Agent AgentFirstName AgentLastName
DateMonthDayYearHourMinute
PolicyFormNo

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State IssState
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[Generation Protector Select Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Packages]

Benefit	3 Years
Period	4 Years
	5 Years

5% Lifetime Compound Benefit Increase Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy.
This illustration is not valid without all Totpage pages.

[Generation Protector Select Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Packages]

SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC2 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
endif

No COLA Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

3% Lifetime Compound Benefit Increase Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

4% Lifetime Compound Benefit Increase Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

Two Times Compound Benefit Increase Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

Simple Benefit Increase Rider

<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
------------------	------------------	------------------

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy.
This illustration is not valid without all Totpage pages

Agent AgentFirstName AgentLastName
DateMonthDayYearHourMinute
PolicyFormNo

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State IssState
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[Generation Protector Select Long Term Care Insurance Illustration
Premium Rates for Other Available Coverage Packages]

Benefit	3 Years
Period	4 Years
	5 Years

5% Lifetime Compound Benefit Increase Rider

		<u>Package A</u>	<u>Package B</u>	<u>Package C</u>
Benefit	3 Years			
Period	4 Years			
	5 Years			

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy.
This illustration is not valid without all Totpage pages.

[Generation Protector Select Long Term Care Insurance Illustration
Break Even Analysis]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC1 Facility Care Daily Benefit
If nders are chosen then
RiderTitles
Endif

PACKAGE A

Individual Annual Premium \$AnnualPremiumA1

70% Home and Community Care Daily Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit

PACKAGE B

Individual Annual Premium \$AnnualPremiumB1

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit

PACKAGE C

Individual Annual Premium \$AnnualPremiumC1

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC1x 25 Monthly Indemnity Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit
\$todate 1/dailybenefit

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DateMonthDayYearHourMinute
PolicyFormNo

Ver VerNo

State IssState

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[Generation Protector Select Long Term Care Insurance Illustration
Break Even Analysis]

SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC2 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
Endif

PACKAGE A

Individual Annual Premium \$AnnualPremiumA2

70% Home and Community Care Daily Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit

PACKAGE B

Individual Annual Premium \$AnnualPremiumB2

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit

PACKAGE C

Individual Annual Premium \$AnnualPremiumC2

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC2x 25 Monthly Indemnity Benefit

Years Premium Paid

1
5
10
15
20
25

Days to Recover Premiums Paid

\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit
\$todate2/dailybenefit]

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy.
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[Generation Protector Select Long Term Care Insurance Illustration
Enhanced Coverage Analysis]

[ClientFirstName ClientLastName
ClientGender Age ClientAge, ClientRiskClass
BenPeriod1 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC1 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
Endif

Individual Annual Premium \$AnnualPremium1
Annual Inflation Assumption CPI01%

Package A

70% Home and Community Care Daily Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	ClientAge+5					
10	ClientAge+10					
15	ClientAge+15					
20	ClientAge+20					
25	ClientAge+25					
30	ClientAge+30					

Package B

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	ClientAge+5					
10	ClientAge+10					
15	ClientAge+15					
20	ClientAge+20					
25	ClientAge+25					
30	ClientAge+30					

Package C

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC1x 25 Monthly Indemnity Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	ClientAge+5					
10	ClientAge+10					
15	ClientAge+15					
20	ClientAge+20					
25	ClientAge+25					
30	ClientAge+30					

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This illustration is not valid without all Totpage pages.

Agent AgentFirstName AgentLastName
DateMonthDayYearHourMinute
PolicyFormNo

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**[Generation Protector Select Long Term Care Insurance Illustration
Enhanced Coverage Analysis]**

SpResFirstName SpResLastName
SpResGender Age SpResAge, SpResRiskClass
BenPeriod2 Benefit Period
90 Calendar Day Elimination Period
\$DailyFC2 Facility Care Daily Benefit
If riders are chosen then
RiderTitles
endif

Individual Annual Premium \$AnnualPremium2
Annual Inflation Assumption CPI02%

Package A

70% Home and Community Care Daily Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	SpResAge+5					
10	SpResAge+10					
15	SpResAge+15					
20	SpResAge+20					
25	SpResAge+25					
30	ClientAge+30					

Package B

100% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	SpResAge+5					
10	SpResAge+10					
15	SpResAge+15					
20	SpResAge+20					
25	SpResAge+25					
30	ClientAge+30					

Package C

130% Home and Community Care Daily Benefit
Home and Community Care Monthly Benefit
\$DailyFC1x 25 Monthly Indemnity Benefit

<u>Policy Year</u>	<u>Age</u>	<u>Daily Benefit</u>	<u>Benefit Period</u>	<u>Elimination Period</u>	<u>Additional Premium</u>	<u>Total Premium</u>
5	ClientAge+5					
10	ClientAge+10					
15	ClientAge+15					
20	ClientAge+20					
25	ClientAge+25					
30	ClientAge+30					

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Agent AgentFirstName AgentLastName
DateMonthDayYearHourMinute
PolicyFormNo

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State IssState
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Component Header

Component 12 - Rev 00
 Created by Tammy Smasal on 04/26/2006
 Assigned To Mary Ann Mason, [Receiver]
 Company List Allianz Life Insurance Company

Sent 04/26/2006 09 43 27 AM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6P8JCX819/00-12/00-00/00
State Tracking #	7/26579	Component Status (SERFF)	Assigned to Reviewer
Component Status (State)	Disapproved	Delivery Date	04/26/2006 09 56 46 AM
Disposition Date	None	Reviewer	Mary Ann Mason, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-CB	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Uniform Transmittal Document		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA adv transmittal (uniform) pdf

Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/05)

1	Prepared for the State of Virginia				
2.	Department Use Only				
	State Tracking ID				
3.	Insurer Name & Address	Domicile	NAIC Group #	NAIC #	FEIN #
	Allianz Life Insurance Company of North America 5701 Golden Hills Drive Minneapolis, MN 55416	MN		90611	41-13660 75
4.	Filer Name & Address	Telephone #	Fax #	E-mail Address	
	Tammy Smasal same address as above	800-328-5601 X32804	763-582-6495	tammy_smasal@allianzlife.com	
5.	Filing Method				
	<input type="checkbox"/> Paper	<input checked="" type="checkbox"/> Electronic/Serff Tracking Number SERT-6P8JCX819/00			
6.	Company Tracking Number	11-CB			
7.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Any size <input type="checkbox"/> Other			
8.	Type of Insurance	LTC03I Individual Long Term Care			
9.	Product Coding Matrix Filing Code	LTC03I.001 Qualified			
10.	Submitted Documents	<u>Forms</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> _____ <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ <u>Report</u> _____			
11.	Filing Submission Date	04/26/2006			
12.	Filing Fee (If required)	Amount <u>50.00</u> Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____			
13.	Date of Domiciliary Approval				

14.	Filing Description:
	<p>See cover letter</p> <div data-bbox="558 1457 1117 1533" style="border: 1px solid black; padding: 5px; text-align: center;">View Complete Filing Description</div>

15.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and complies with all applicable statutory provisions for the state of <u>Virginia</u></p> <p>Print Name <u>Vickie Hendrickson</u> Title <u>Assistant Vice President</u></p> <p>Original Signature <u>Vickie Hendrickson</u> <small>Digitally signed by Vickie Hendrickson DN: CN = Vickie Hendrickson, C = US, O = Allianz Life, OU = PFF Compliance Date: 2006.04.26 09:34:55 -0400</small> Date <u>04/26/2006</u></p>	

16.	Form Filing Attachment	
This filing transmittal is part of company tracking number		11-CB
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01	Consumer Brochure	11-CB	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Consumer Product Guide	11-CPG	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Consumer Brochure	11-CB-SEL	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Consumer Brochure	11-CB-EMP	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Consumer Brochure	0-SCB3	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Consumer Advertisement	0-M91	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Illustration	11-ILL	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Illustration	11-ILL-SEL	<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

17. Rate Filing Attachment				
This filing transmittal is part of company tracking number			TT-CB	
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing				
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
12			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	

LH RFA-1

Note to Filer

Report Type Note to Filer

Filing Originally Sent 04/26/2006 09 43 27 AM

Created by Mary Ann Mason on 06/06/2006

Sent 06/06/2006 09 43 34 AM

State Virginia
SERFF Tracking SERT-6P8JCX819/00-12/00-01/00
No

Response To ComponentHeader
Response To SERT-6P8JCX819/00-12/00-00/00
SERFF Tracking
No

Lead Company Allianz Life Insurance
Company of North America

Company Allianz Life Insurance
Company of North America

Product Name Generation Protector
II/Select

Project Name GenPro II Advertising

Filing Date 04/26/2006 09 43 27 AM

Project No 11-CB

State Tracking No 7/26579

Company Tracking None
No

TOI LTC03I Individual Long
Term Care

Sub TOI LTC03I 001 Qualified

Report Status Incomplete Filing

SERFF Status None

Reviewer Phone No None

Status Effective 06/06/2006
Date

Report Information: Note to Filer

Subject certification

Comments The certification does not display the signature of the officer of the
Company We are not questioning the veracity of the position we just
need the signature

Thanks

File Attachments: None

Component Header

Component 12 - Rev 01
 Created by Tammy Smasal on 06/07/2006
 Assigned To Mary Ann Mason, [Receiver]
 Company List Allianz Life Insurance Company

Sent 04/26/2006 09 43 00 AM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 00I Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6P8JCX819/00-12/01-00/00
State Tracking #	7/26579	Component Status (SERFF)	Viewed by State
Component Status (State)	Received & Acknowledged	Delivery Date	06/07/2006 12 48 54 PM
Disposition Date	None	Reviewer	Mary Ann Mason, [Receiver]
Implementation Date	None	Reviewer Phone	None
Deemer Date	None	Reviewer Fax	None
Effective Date	None	Primary Reviewer	None
Requirement Status	None		

Component Information:

Component Type	Supporting Documentation	Component Action	Resubmitted
Lead Form Number	11-P-Q-VA	State Specific Code	None
Requirement Satisfied	N/A		
Brief Description	Certificate of Compliance		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments. VA Certificate of Compliance pdf

VIRGINIA
CERTIFICATE

RE: Form #: 11-P-Q-VA, et al

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.1 of the Code of Virginia and the regulations promulgated pursuant thereto

Date June 7, 2006



Vickie Hendrickson
Assistant Vice President, Compliance

Component Header

Component 13 - Rev 00
 Created by Tammy Smasal on 04/26/2006
 Assigned To Mary Ann Mason, [Receiver]
 Company List Allianz Life Insurance Company

Sent 04/26/2006 09 43 27 AM
 Other Authors None
 TOI LTC03I Individual Long Term Care
 SubTOI LTC03I 001 Qualified

Tracking Information:

State	Virginia	SERFF Tracking #	SERT-6P8JCX819/00-13/00-00/00
State Tracking #	7/26579	Component Status	Assigned to Reviewer
Component Status	Received	(SERFF)	
(State)	&Acknowledged	Delivery Date	04/26/2006 09 56 47 AM
Disposition Date	None	Reviewer	Mary Ann Mason, [Receiver]
Implementation	None	Reviewer Phone	None
Date		Reviewer Fax	None
Deemer Date	None	Primary Reviewer	None
Effective Date	None		
Requirement	None		
Status			

Component Information:

Component Type	Supporting Documentation	Component Action	Initial
Lead Form Number	11-CB	State Specific Code	None
Requirement	N/A		
Satisfied			
Brief Description	Cover Letter		
Filer's Notes	None		
Document(s)	None		

Company Contact:

Lead Company Allianz Life Insurance Company of North America

Company Information

Allianz Life Insurance Company of North America

Contact

Smasal, Tammy

File Attachments: VA GenPro II Advertising Letter pdf

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



April 26, 2006

State Corporation Commission
Bureau of Insurance
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America / NAIC 90611 / FEIN #41-1366075
Advertising Material for use with Long Term Care Insurance Policy 11-P-Q-VA, et al, currently being reviewed by the Department under SERFF Tracking #SERT-6L7NDC243/00

Form 11-CB is a consumer brochure describing the "customizable" plan. Please note, the marketing name of the product is Generation Protector II.

Form 11-CPG is a consumer product guide describing the "customizable" plan's product features and additional riders. Please note, the marketing name of the product is Generation Protector II.

Form 11-CB-SEL is a consumer brochure describing the "packages" plan. Please note, the marketing name of the product is Generation Protector Select.

Form 11-CB-EMP is a consumer brochure to be presented to potential sponsoring employer groups.

Form 0-SCB3 is a consumer brochure describing the facts about long term care. Please note that this brochure will be used with this policy series, as well as with any previously approved policies.

Form 0-M91 is a consumer advertisement providing information about our company and our long term care insurance. Please note that this consumer advertisement will be used with this policy series, as well as with any previously approved policies.

Form 11-ILL is an illustration for the "customizable" plan and **Form 11-ILL-SEL** is an illustration for the "packages" plan. These illustrations are generated by an agent using a software package, where the agent enters the applicants' benefit choices and premium amounts are calculated. There are also optional reports that the agent can generate, which would be made a part of the illustrations. These optional reports are bracketed, as the agent may not choose to generate them, meaning that they would not always be a part of the illustrations.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

Patty Wuensch/allianzlife
05/25/2006 07 53 AM

To Tammy Smasal/allianzlife@AZLIFE
Kathy Ignagni/allianzlife@AZLIFE, Martin
cc Kline/allianzlife@AZLIFE, Rose Tibke/allianzlife@AZLIFE,
Todd Petit/allianzlife@AZLIFE
bcc
Subject Re VA GenPro II/Select

Tammy, I've reviewed the proposed revisions and I'm comfortable with the new wording. As far as the changes to the claim procedures section, I think the additional exposure is very minimal and probably doesn't prevent us from getting what we need if the situation justifies it. Let me know if there are any questions. Thanks!

Patty Wuensch, ALHC, LTCP
Principal Claim Consultant
Allianz Life Insurance Company of North America
Individual Insurance Group
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
Tammy Smasal/allianzlife



Tammy Smasal/allianzlife
05/24/2006 05 22 PM

To Patty Wuensch/allianzlife@AZLIFE
Kathy Ignagni/allianzlife@AZLIFE, Martin
cc Kline/allianzlife@AZLIFE, Rose Tibke/allianzlife@AZLIFE,
Todd Petit/allianzlife@AZLIFE
Subject Re VA GenPro II/Select

Hi Patty,
Attached is a comparison document showing the revisions I've made as a result of the objections outlined in my below e-mail. Let me know if this looks okay, as well as if you have any questions. Thanks,
Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance



11-PQ-VA3 compare.doc

Patty Wuensch/allianzlife

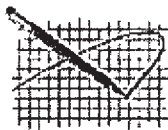
Patty Wuensch/allianzlife
05/24/2006 11 14 AM

To Tammy Smasal/allianzlife@AZLIFE
Kathy Ignagni/allianzlife@AZLIFE, Martin
cc Kline/allianzlife@AZLIFE, Rose Tibke/allianzlife@AZLIFE,
Todd Petit/allianzlife@AZLIFE
Subject Re VA GenPro II/Select

Tammy, it appears from your e-mail that we have presented our arguments and have no other options but

to comply It would help me to see the final proposed language for these three sections before they are filed I don't think the revisions you've outlined should be so critical as to cause huge concerns about the impact to claims, but I would prefer to see the revised language first Is that possible? Thanks!

Patty Wuensch, ALHC, LTCP
Principal Claim Consultant
Allianz Life Insurance Company of North America
Individual Insurance Group
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
Tammy Smasal/allianzlife



Tammy Smasal/allianzlife

05/23/2006 01 18 PM

To Patty Wuensch/allianzlife@AZLIFE
Rose Tibke/allianzlife@AZLIFE, Kathy
cc Ignagni/allianzlife@AZLIFE, Martin Kline/allianzlife@AZLIFE,
Todd Petit/allianzlife@AZLIFE
Subject VA GenPro II/Select

Hi Patty,

I've received a 2nd objection letter from the VA DOI The following objections are those on which I need your input

Please add "care" to the caption for adult day services if this provision is intended to conform to the definition of adult day care as expressed in 14 VAC 5-200-50

I already argued this in our last response with the following argument "Please refer to the "Adult Day Services" definition under the Home and Community Care Benefit section in the policy This definition includes all of the elements expressed in 14 VAC 5-200-50 "

In effect, it looks like we'll have to title the definition as "adult day care services "

The claim form must not be more restrictive than "a written statement as to the nature and extent of the loss " The additional requirements and lead-in items must be removed This is a uniform policy provision that the Commonwealth of Virginia recognizes as its claim forms provision The provision in the statute (as expressed) by Section 38 2-3503 6 of the Code of Virginia prevails A written statement is not required to be accompanied by bills or any other documentation

Again, I already argued this in our last response with the following argument "In providing a list of items that the letter should include, we are clarifying what "nature and extent of the loss" means We do not feel that the average person would know what type of information they should include if we simply say "nature and extent of the loss," so, in being specific, it makes it easier for the insured, as well as the company Providing this list will also reduce the amount of time in which a claim is processed, as, hopefully, we'll receive the necessary information up front rather than requesting it after we receive the insured's letter "

In effect, it looks like we'll have to revise the 2nd paragraph of the "Claim Form" provision to specifically state "nature and extent of your loss," rather than "character and extent of your Chronic Illness " In addition, the list of items that the letter should include will have to be deleted

Section 38 2-3503 7 sets forth a proof of loss provision that is based solely on "written proof of loss" and this uniform policy provision should be the same in the policy The statute prevails

As you may remember, we conceded on a couple of things and argued another in our last response, as follows "With respect to proof of loss being limited to "written proof of loss" and not personal interviews, assessments, and other proof we deem necessary, the "Proof of Loss" and "Continued Proof of Loss" provisions under the Claim Procedures section in the policy have been revised to delete "or an

assessment of you" in item (a), as well as to delete item (d) which read as follows "any other proof we deem necessary " Please replace the policy under CH03 with this attached policy

We have not deleted the language with respect to "personal interviews," as such interviews often provide valuable information in order to help us understand the claimant's limitations and the type of assistance they may need This information helps us to make an equitable determination regarding eligibility Please reconsider your direction to delete such "personal interview" language "

In effect, it looks like we'll have to revise the "Proof of Loss" and "Continued Proof of Loss" provisions to delete "a personal interview with you " and "a personal interview with your caregiver "

Once we resolve these issues, it looks like the filing will be approved, as the letter I received states that the rates are ready for approval Let me know, by the end of day Thursday, if you have any issues with my above proposed revisions Attached is the VA policy to which the above objections apply None of the proposed revisions have been made yet Let me know if you have any questions Thanks,

Tammy Smasal

Senior Compliance Analyst

Policy Forms Filing Compliance



11-P-Q-VA2.pdf

Patty Wuensch/allianzlife
03/15/2006 08 14 AM

To Tammy Smasal/allianzlife@AZLIFE
cc Lisa Phillips/allianzlife@AZLIFE
bcc
Subject Re Fw VA GenPro II/Select

Tammy, as long as VA has not objected to the Physical Examination provision, I think we are actually ok to remove the assessment language in Proof of Loss since we could argue that this would fall under the Physical Examination provision. As to the interviews with the claimant and/or caregiver, I would argue that such interviews often provide valuable information to help us understand the claimant's limitations and the type of assistance they may need. This information helps us to make an equitable determination regarding eligibility. If the state will not allow the language, administratively we would still do interviews, where appropriate. However, if a claimant asked us for a contractual basis to support our right to do so, we would have nothing to point to. The risk is probably pretty small, but I think it's still worth making the argument with VA. As for the "any other proof we deem necessary" language, my recollection is that we have had to remove this for a few other state filings, so I don't see that we would approach this one any differently.

Let me know if there are any questions

Patty Wuensch, ALHC, LTCP
Principal Claim Consultant
Allianz Life Insurance Company of North America
Individual Insurance Group
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
Tammy Smasal/allianzlife



Tammy Smasal/allianzlife
03/15/2006 07 24 AM

To Patty Wuensch/allianzlife@AZLIFE
cc
Subject Fw VA GenPro II/Select

Hi Patty,
Do you think you could respond to the below e-mail by the end of the day tomorrow? I'd really like to get a response back to the Department as soon as possible. Let me know if that will be a problem. Thanks,
Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance

— Forwarded by Tammy Smasal/allianzlife on 03/15/2006 07 23 AM —



Tammy Smasal/allianzlife
03/09/2006 11 24 AM

To Patty Wuensch/allianzlife
cc
Subject Fw VA GenPro II/Select

Hi again,
One more thought, maybe we could give in on the "any other proof we deem necessary," but provide an

argument for the other two ("a personal interview with you, or an assessment of you, relating to your Chronic Illness" and "a personal interview with your caregiver") Let me know what you think Thanks,
Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance

— Forwarded by Tammy Smasal/allianzlife on 03/09/2006 11 19 AM —



Tammy Smasal/allianzlife

03/09/2006 11 19 AM

To Patty Wuensch/allianzlife

cc

Subject VA GenPro II/Select

Hi Patty,


I have an objection from the VA DOI that states the following "Proof of loss should be limited to 'written proof of loss' and not personal interviews, assessments, and any other proof you may deem necessary " As you know, this language appears in the "Proof of Loss" and "Continued Proof of Loss" provisions

Do you want me to argue this? If so, please provide the argument I'm already arguing a couple of other points, so we might as well give this at least one shot to try to keep it in Let me know if you have any questions Thanks,

Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance



Kathy Ignagni/allianzlife
02/17/2006 03:17 PM

To: Tammy Smasal/allianzlife@AZLIFE
cc: Martin Kline/allianzlife@AZLIFE, Rose
Tibke/allianzlife@AZLIFE, Todd Pett/allianzlife@AZLIFE
bcc:
Subject: Re: VA GenPro II/Select 

1) We have revised Section XIII of the Actuarial Memorandum to address VAC 5-200-77 B 2 b (i). Please see section XIII 1 of the Actuarial Memorandum for a description of the margin for moderately adverse experience that is included in the premium rates.

For VAC 5-200-77 B 2 b (ii), please see section X L and XII of the Actuarial Memorandum for a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form.

2) Please see section X H Statutory Reserves in the Actuarial Memorandum. Attachments 3 - 5 provide sample reserve calculations.

3) We have reviewed VAC 5-200-77 B 3 and the Actuarial Memorandum addresses all the requirements.



VA Actuanal Memorandum_model reg.doc

Tammy Smasal/allianzlife



Tammy Smasal/allianzlife
02/14/2006 12:08 PM

To: Kathy Ignagni/allianzlife@AZLIFE
cc: Martin Kline/allianzlife@AZLIFE, Todd
Pett/allianzlife@AZLIFE, Rose Tibke/allianzlife@AZLIFE
Subject: VA GenPro II/Select

Please see the attached objection from the VA actuary, as well as the reg that he references. I'm not sure if the actuarial memorandum addresses his first point. With respect to his second point, isn't this attachments 3 through 5 that were submitted? With respect to his third point, it seems to me that the actuarial memorandum addresses all of the required items. Please verify. Let me know if you have any questions. Thanks,

Tammy Smasal
Senior Compliance Analyst
Policy Forms Filing Compliance



VA act obj.doc VA 5-200-77.htm



Kathy Ignagni/allianzlife
12/16/2005 11:17 AM

To: Tammy Smasal/allianzlife@AZLIFE
cc: Jason Gerhard/allianzlife@AZLIFE
bcc:
Subject: VA GenProll Act Memos

Virginia

State Specific Changes - added language under Actuarial Assumptions, added 3 attachments



VA - Attachment 3.doc



VA Attachments Model Reg.xls



VA Actuarial Memorandum_model reg.doc

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OnBase Topsheet

Order - chronological (oldest on bottom, newest on top)

OnBase file prepared by: Tammy Smasal
Date prepared: 21-Oct-04

Scanned by:
Date:
Verified:
QR'd

Line of Business: Long Term Care
Product Name: Generation Protector
State: VA

Check filed forms	Form Numbers:	State specific
X	10-P-Q	-VA
X	10-PS-Q	
X	10-OC-Q	-VA
X	10-A	-VA
X	10-R1	
X	10-R2	
X	10-R3	
X	10-R4	
X	10-R5	
X	10-R6	
X	10-R7	-VA
X	10-R8	-VA
X	10-R9	
X	10-R10	
X	10-R11	
X	10-R12	
X	10-R13	
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X	10-R15	
X	10-R16	
X	10-R17	
X	10-R18	
X	10-R19	
X	10-R20	
X	10-R21	
X	10-E-1	-VA
X	10-E-2	
X	10-E-3	
X	10-CB	
X	10-CR	

X
X Paper Filing

SERFF filing:
Print all items
Ensure that only the latest version of the forms are in the file since the approved forms are not identified

Following must be included in all files:

X Actuarial Memorandum
X Outline of Coverage
X Emails pertaining to the filing
X Confidential Approval form
N/A Check (copy) if applicable

N/A Forms smaller than 1/2 page of a regular page (8 1/2 by 11 inches) must be taped to a regular page
X Staples removed

Comments:

Tammy Smasal
10/23/2003 10:20 AM

To: Barb Quello/allianzlife@AZLIFE, Jill Reeck/allianzlife@AZLIFE, Karen Moessner/allianzlife@AZLIFE, Dan Schneider/allianzlife@AZLIFE
cc: Heidi Boll/allianzlife@AZLIFE, Tim Conklin/allianzlife@AZLIFE, Leah Hammond/allianzlife@AZLIFE, Kris Horstman/allianzlife@AZLIFE, Chris Jansen/allianzlife@AZLIFE, Lisa Koski/allianzlife@AZLIFE, Jason Linn/allianzlife@AZLIFE, Russell Nelson/allianzlife@AZLIFE, Greg Spaeth/allianzlife@AZLIFE, Patty Wuensch/allianzlife@AZLIFE, Dorothy Ellerbroek/allianzlife@AZLIFE, Brian St. Martin/allianzlife@AZLIFE, Kelly Biegler/allianzlife@AZLIFE, Eric Hawkinson/allianzlife@AZLIFE, Martin Kline/allianzlife@AZLIFE, Dan Nitz/allianzlife@AZLIFE, Crissy Oestreich/allianzlife@AZLIFE, Todd Petit/allianzlife@AZLIFE, Lisa Schaub/allianzlife@AZLIFE, Wes Hatlestad/allianzlife@AZLIFE, Sara Ose/allianzlife@AZLIFE, Sandy Manos/allianzlife@AZLIFE, Jack Ponsford/allianzlife@AZLIFE
Subject: Confidential Approval of VA Generation Protector

GOOD NEWS!! We have received the following product approval:

General Information:

Product: Generation Protector
State: Virginia
Approval Date: 10/22/2003
Does Approval Include Advertising: Yes
Total Approvals to Date: 44



Submission & Approval Chart.c

Corporate Marketing Communications:

Personal Worksheet: WS1-VA (suitability required)



VA Personal Worksheet compare.c

Potential Rate Increase Disclosure: PRD-VA



VA Potential Rate Increase Disclosure compare Outline:



VA 10-OC-Q-VA.do 10-OC-Q-VA Compare.d
Things You Should Know...: generic
Important Notice...: generic
Replacement Form: generic
Add'l State Specific App. Packet Forms: None

Marketing:

Illustration: state-specific



VA Illustration compare.d
Brochure Insert: No

State Variations:



VA-guide.doc

Automation:



VA 10-P-Q-VA.doc

Policy Schedule: generic

Riders and Endorsements: generic, except for Accelerated Premium Rider (10-R7-VA), Shortened Benefit Rider (10-R8-VA), and Contingent Benefit Upon Lapse Endorsement (10-E-1-VA).

Misc. Notes of Interest:

None.

Once you have implemented your piece of this approval, if applicable, please "reply all" indicating such (e.g. app. packet has been created, routed, and received final sign-off; software is complete; ID3 is ready to accommodate indicated state variations; policy and riders are in policy assembly; etc...). If you have any questions, please contact me at X32804.

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Long Term Care Insurance

VIRGINIA

Generation Protector

REQUIREMENTS FOR VIRGINIA

All advertisements must be submitted to Compliance for review and approval. Advertisements (that are not "agent only") are required to be submitted to insurance departments by Compliance for approval before they are used.

- Complaint Notice NB 3020N must be included in policy assembly.
- There is a state-specific personal worksheet (WS1-VA). The 45-day notice of premium increase was replaced with 60 days.
- There is a state-specific potential rate increase disclosure (PRD-VA). The 45-day notice of premium increase was replaced with 60 days.
- The tax disclosure language on the face page of the policy and outline was revised to read as follows: "This Contract is intended to qualify for favorable tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor."
- The "Renewal Conditions" provision on the face page of the policy, and the "Terms Under Which the Company May Change Premiums" provision in the outline, was revised to indicate that we will notify the insured at least 60 days, rather than 45 days, before their premium changes.
- The "Check Your Application" provision on the face page of the policy, and the "Caution" provision on the face page of the outline, was revised to delete the 30-day timeframe in which the insured must notify us of incorrect responses.
- The "Licensed Health Care Practitioner" definition in the policy and outline was revised to delete the following language: "Neither the Licensed Health Care Practitioner nor any Immediate Family Member of the Licensed Health Care Practitioner can be an owner or in any way control the operation of a Nursing Facility in which you receive care or treatment unless authorized by the Company."
- The "Maintenance or Personal Care Services" definition in the policy and outline was revised to read as follows: "Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. 'Personal care' means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. 'Maintenance' means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment."
- The "Substantial Assistance" definition in the policy and outline was revised to read as follows: "Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person."



- The first bullet under the "Reinstatement due to Chronic Illness" provision under the Policy Administration section in the policy was expanded to include that proof of chronic illness must be certified by a Licensed Health Care Practitioner.
- The following "Payor of Last Resort" provision was added to the policy under the Claim Procedures section: "The Department of Medical Assistance will be the Payor or Last Resort."
- The order of the outline of coverage was revised.
- Section 3. Other insurance information in the application was revised to move the following statement, along with its own response blocks, to the "Agent's Statement": "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force."
- The "Medical History - Part I" section of the application was revised to delete the following sentence: If any questions in Part I of the Medical History are answered "Yes," you are not eligible for coverage."
- The signature page of the application was revised to add the following: "The undersigned proposed insured(s) and agent certify that the proposed insured(s) has read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in the loss of coverage under the policy."
- The Accelerated Premium Rider was revised to indicate that the company will notify the insured at least 60 days, rather than 45 days, before the insured's premium changes.
- The Shortened Benefit Rider was revised to add the following to the "Maximum Shortened Benefit Period Amount" definition: "The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form."
- The Contingent Benefit Upon Lapse Endorsement was revised to add the following to the "Contingent Benefit Upon Lapse" provision: "Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status."



FORMS APPROVED

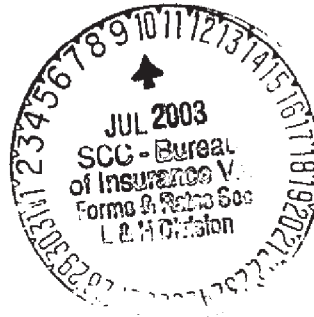
Form #	Description of Form	Approval Date
10-P-Q-VA	QUALIFIED POLICY	10/22/03
10-PS-Q	QUALIFIED POLICY SCHEDULE PAGE	10/22/03
10-OC-Q-VA	QUALIFIED OUTLINE OF COVERAGE	10/22/03
10-A-VA	APPLICATION	10/22/03
10-R1	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R2	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R3	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R4	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	10/22/03
10-R5	SIMPLE BENEFIT INCREASE RIDER	10/22/03
10-R6	LIMITED PAY RIDER	10/22/03
10-R7-VA	ACCELERATED PREMIUM RIDER	10/22/03
10-R8-VA	SHORTENED BENEFIT RIDER	10/22/03
10-R9	CALENDAR DAY ELIMINATION PERIOD RIDER	10/22/03
10-R10	HOME & COMMUNITY CARE MONTHLY BENEFIT RIDER	10/22/03
10-R11	WAIVER OF HOME & COMMUNITY CARE ELIMINATION PERIOD RIDER	10/22/03
10-R12	HOME & COMMUNITY CARE MONTHLY INDEMNITY BENEFIT RIDER	10/22/03
10-R13	COMPREHENSIVE MONTHLY INDEMNITY BENEFIT RIDER	10/22/03
10-R14	RETURN OF PREMIUM UPON DEATH RIDER	10/22/03
10-R15	FULL RETURN OF PREMIUM UPON DEATH RIDER	10/22/03
10-R16	RESTORATION OF BENEFITS RIDER	10/22/03
10-R17	MARRIED DISCOUNT RIDER	10/22/03
10-R18	SPOUSAL DISCOUNT RIDER	10/22/03
10-R19	SPOUSAL SHARED CARE RIDER	10/22/03
10-R20	SPOUSAL WAIVER OF PREMIUM RIDER	10/22/03
10-R21	SPOUSAL SURVIVORSHIP RIDER	10/22/03
10-E-1-VA	CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT	10/22/03
10-E-2	FACILITY CARE ONLY POLICY ENDORSEMENT	10/22/03
10-E-3	INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT	10/22/03
10-CB	CONSUMER BROCHURE	07/10/03
10-CR	CAMERA READY ADVERTISING	07/10/03
10-M1 & 10-M1(A)	CONSUMER MAILER	09/12/03

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



July 7, 2003

Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218



RE: Allianz Life Insurance Company of North America / NAIC #90611
FEIN #41-1366075
Advertising Material for use with Long Term Care Insurance Policy 10-P-Q-VA, et al
Submitted: May 21, 2003; Submission #: 007 0000020897

10-CB Consumer Brochure
10-CR Camera Ready Advertising Piece

The above referenced long term care advertising materials are being submitted for your review and approval. These forms are new and do not supersede any previously filed forms.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

FOR INFORMATION ONLY
Commonwealth of Virginia
State Corporation Commissioner
Bureau of Insurance

DATE 7/10/03
BY mm
For Reasons Stated
in Enclosed Letter

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10/21/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/scc>

October 28, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form No: 10-P-Q-VA, ET AL.

Dear Ms. Smasal:

As indicated in our letter dated 09/30/03, we referred the rate filings for the forms mentioned above to another examiner to continue his review of the rate matters. We have completed our review and the premiums are deemed reasonable in relation to the benefits.

The above captioned forms have been approved for use in the Commonwealth of Virginia effective 10/22/03. Should you have any further questions, please let us know.

Please refer to the Submission Number noted above when corresponding with us, and verify that your company's NAIC number is displayed prominently on all correspondence.

Sincerely,

Elsie B. Andy

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track and document every aspect of their operations, from procurement to sales.

2. The second part of the document addresses the challenges of data management in a rapidly changing environment. It highlights the need for flexible and scalable solutions that can adapt to evolving requirements. The author argues that investing in modern data management technologies is crucial for ensuring the long-term success and sustainability of an organization's information systems.

3. The third part of the document focuses on the role of leadership in driving organizational change. It stresses that effective leaders must communicate a clear vision and inspire their teams to embrace change. The text provides practical advice on how to foster a culture of innovation and continuous improvement, where employees are encouraged to take initiative and contribute to the organization's growth.

4. The fourth part of the document discusses the importance of collaboration and teamwork in achieving organizational goals. It argues that no single individual or department can succeed in isolation; instead, success is achieved through the collective efforts of all team members. The text offers strategies for promoting collaboration, such as regular communication, shared goals, and mutual support.

5. The fifth part of the document concludes by summarizing the key points discussed and reiterating the importance of a holistic approach to organizational management. It encourages organizations to regularly assess their performance and make necessary adjustments to stay on track. The author ends with a call to action, urging leaders to take responsibility for their decisions and strive for excellence in all aspects of their work.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



August 21, 2003

Mr. Robert Grissom, Sr. Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

RE: Allianz Life Insurance Company of North America/NAIC #90611
Our Submission Dated May 21, 2003
Submission No: 7/20897

Dear Mr. Grissom:

In response to your correspondence dated July 18, 2003, your concerns are restated and addressed below in the order they were presented.

Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including a description of the margin for moderately adverse experience that is included in the premium rates; and a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form.

In accordance with 14 VAC 5-200-77 B 2 b, the actuarial memorandum has been revised to add a subsection K. under Section X. Actuarial Assumptions. This subsection lists the tests performed for moderately adverse conditions. Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.

Pursuant to 14 VAC 5-200-77 B 2 e, please provide a complete description of the basis for contract reserves that are anticipated to be held under the form. This should include sufficient detail or sample calculations provided so as to have a complete description of the reserve amounts to be held.

In accordance with 14 VAC 5-200-77 B 2 e, the actuarial memorandum has been revised to add an Attachment 5 and Exhibits 1 and 2. Attachment 5 provides a description of the basis for contract reserves, and Exhibits 1 and 2 provide sample calculations. In addition, Section X.G of the actuarial memorandum has been revised to incorporate language with respect to the attachment and exhibits.

Pursuant to 14 VAC 5-200-77 B 2 f, please provide a statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits. If this can't be provided, please provide a comparison of the premium rate schedules that are currently available with an explanation of the differences.

Please refer to the Actuarial Certification (Section XII) in the actuarial memorandum. The statement that you reference above appears as #7.

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'communication' field is defined as:

...the study of the nature, sources, uses, and management of communication, and the study of the communication of information. (p. 1)

The 'information science' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'information studies' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'information technology' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'information systems' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'information science and technology' field is defined as:

...the study of the nature, sources, uses, and management of information, and the study of the communication of information. (p. 1)

The 'information science and technology studies' field is defined as:

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The 'information science and technology studies' field is defined as:

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The 'information science and technology studies' field is defined as:

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Pursuant to 14 VAC 5-200-77 B 3, please be sure that the actuarial memorandum includes a description of the basis on which the long term care insurance premium rates were determined; a description of the basis for the reserves; a summary of the types of policy benefits, renewability, general marketing method, and limits on ages of issuance; a description and a table of each actuarial assumption used. For expenses, please include a percentage of premium dollars per policy and dollars per unit of benefits, if any. Please also include a description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives; the estimated average annual premium per policy, and the average issue age; a statement that includes a description of the types of underwriting used, such as medical underwriting or functional assessment underwriting.

After reviewing all of the items listed above, the actuarial memorandum has been revised to add a subsection L. under Section X. Actuarial Assumptions. This subsection discusses the basis on which premium rates were determined. All of the other points are in the memorandum or have been addressed in your first two concerns above. Please feel free to call me if you need more information with respect to any of the items in the memorandum.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 36179. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Martin Kline", with a stylized flourish at the end.

Martin Kline, F.S.A., M.A.A.A.

Assistant Actuary

E-mail: martin_kline@allianzlife.com

Response to VA 4 points

- 1) The tests performed for moderately adverse conditions are listed in section X.K of the actuarial memorandum. Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.
- 2) A description of the basis for contract reserves is provided in Attachment 5 and sample calculations are provided in Exhibits 1 and 2. Section X.G of the actuarial memorandum has been modified to incorporate these attachments and exhibits.
- 3) The statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits is provided in the certification of the actuarial memorandum.
- 4) After reviewing all of the items listed in point 4, section X.L has been added. Section X.L discusses the basis on which premium rates were determined. All of the other points were in the memorandum or have been addressed in points 1 and 2. Please feel free to call me if you need more information about any of the items in the memorandum.



Tammy Smasal
08/20/2003 11:31 AM

To: Crissy Oestreich/allianzlife@AZLIFE
cc: Greg Spaeth/allianzlife@AZLIFE, Karen Moessner/allianzlife@AZLIFE,
Sue Kumpula/allianzlife@AZLIFE, Heidi Boll/allianzlife@AZLIFE, Kelly
Biegler/allianzlife@AZLIFE, Kris Horstman/allianzlife@AZLIFE
Subject: Urgent - Green Job Request - VA

This email is to notify you of the following job request.

Product Name: Generation Protector
State: VA
Form Number: 10-A-VA

Requested Changes:

Revise Section 3. Other insurance information to move "Agent must list..." paragraph to "Agent's statement" along with its own response blocks. I will bring a mocked-up copy of the application down to you.

Reason: Objection received from DOI

Request Type: Green

Request Key:

Green = Variation must be created, no alternative is possible.

Yellow = Variation must be created - however an alternative may be possible. (ie insert etc) Meeting is necessary to discuss alternatives. If no response is received within 24 hours, this request will be considered Green.

Red = Variation necessary - additional communication necessary, destruction of supply may be necessary. A meeting is necessary to discuss rollout plan. CMC will NOT proceed until further direction is given.

Additional Comments: None

8/1/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sec>

July 18, 2003

Allianz Life Insurance Company Of North America
1750 Hennepin Avenue
Minneapolis, MN 55403
Attn: Tammy Smasal
Compliance Analyst

Re: Your Submission Dated May 21, 2003
Submission No: 7/20897

Dear Ms. Smasal:

I am responding to the submitted rates in the above referenced submission. Elsie Andy of this Section has previously responded to the form concerns. The rates were reviewed under the new rating methodology in Virginia's long term care regulation. This was done based on a review of the submitted actuarial memorandum.

A review of the submitted actuarial memorandum indicates that they it will need to be modified as indicated below.

Pursuant to 14 VAC 5-200-77 B 2 b, please provide an explanation for supporting subdivision 2 a of this subsection, including a description of the margin for moderately adverse experience that is included in the premium rates; and a description of the testing of pricing assumptions that was done to support the conclusion that the filed premium rates are sustainable over the life of the form.

Pursuant to 14 VAC 5-200-77 B 2 e, please provide a complete description of the basis for contract reserves that are anticipated to be held under the form. This should include sufficient detail or sample calculations provided so as to have a complete depiction of the reserve amounts to be held.

Pursuant to 14 VAC 5-200-77 B 2 f, please provide a statement that the premium rate schedule is not less than the premium rate schedule for existing similar policy forms also available from the insurer except for reasonable differences attributable to benefits. If this can't be provided, please provide a comparison of the premium rate schedules for similar policy forms that are currently available with an explanation of the differences.

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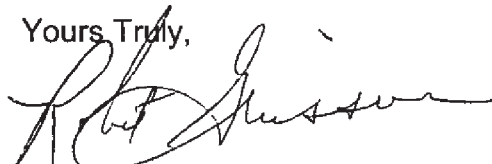
Allianz Life Insurance Company Of North America
July 18, 2003
Page 2

Pursuant to 14 VAC 5-200-77 B 3, please be sure that the actuarial memorandum includes a description of the basis on which the long-term care insurance premium rates were determined; a description of the basis for the reserves; a summary of the type of policy benefits, renewability, general marketing method, and limits on ages of issuance; a description and a table of each actuarial assumption used. For expenses, please include a percentage of premium dollars per policy and dollars per unit of benefits, if any. Please also include a description and a table of the anticipated policy reserves and additional reserves to be held in each future year for active lives; the estimated average annual premium per policy, and the average issue age; a statement that includes a description of the types of underwriting used, such as medical underwriting or functional assessment underwriting.

Please feel free to provide a revised actuarial memorandum by email.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence. Thank you for your courtesy and consideration in this matter.

Yours Truly,



Robert F. Grissom
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9152
bgrissom@scc.state.va.us



Rec'd 8/11/03 Ljm

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sec>

August 6, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
1750 HENNEPIN AVENUE
MINNEAPOLIS, MN 55403
Attn: TAMMY SMASAL
COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED JULY 7, 2003
Submission No: 007 0000021131
Form No: 10-CB, 10-CR

Dear Ms. Smasal:

The above captioned advertising material was received in our office and filed with the Commission on 07/10/03.

Since it is the company's responsibility to ensure that advertising complies with rules and regulations applicable in Virginia, we have not reviewed this filing for approval or disapproval.

We are returning to you one copy stamped, "FILED FOR INFORMATION ONLY".

Yours Truly,

Mary Ann Mason, FLMI, AIE
Senior Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9348

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



July 7, 2003

Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

**RE: Allianz Life Insurance Company of North America / NAIC #90611
FEIN #41-1366075
Advertising Material for use with Long Term Care Insurance Policy 10-P-Q-VA, et al
Submitted: May 21, 2003; Submission #: 007 0000020897**

**10-CB Consumer Brochure
10-CR Camera Ready Advertising Piece**

The above referenced long term care advertising materials are being submitted for your review and approval. These forms are new and do not supersede any previously filed forms.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

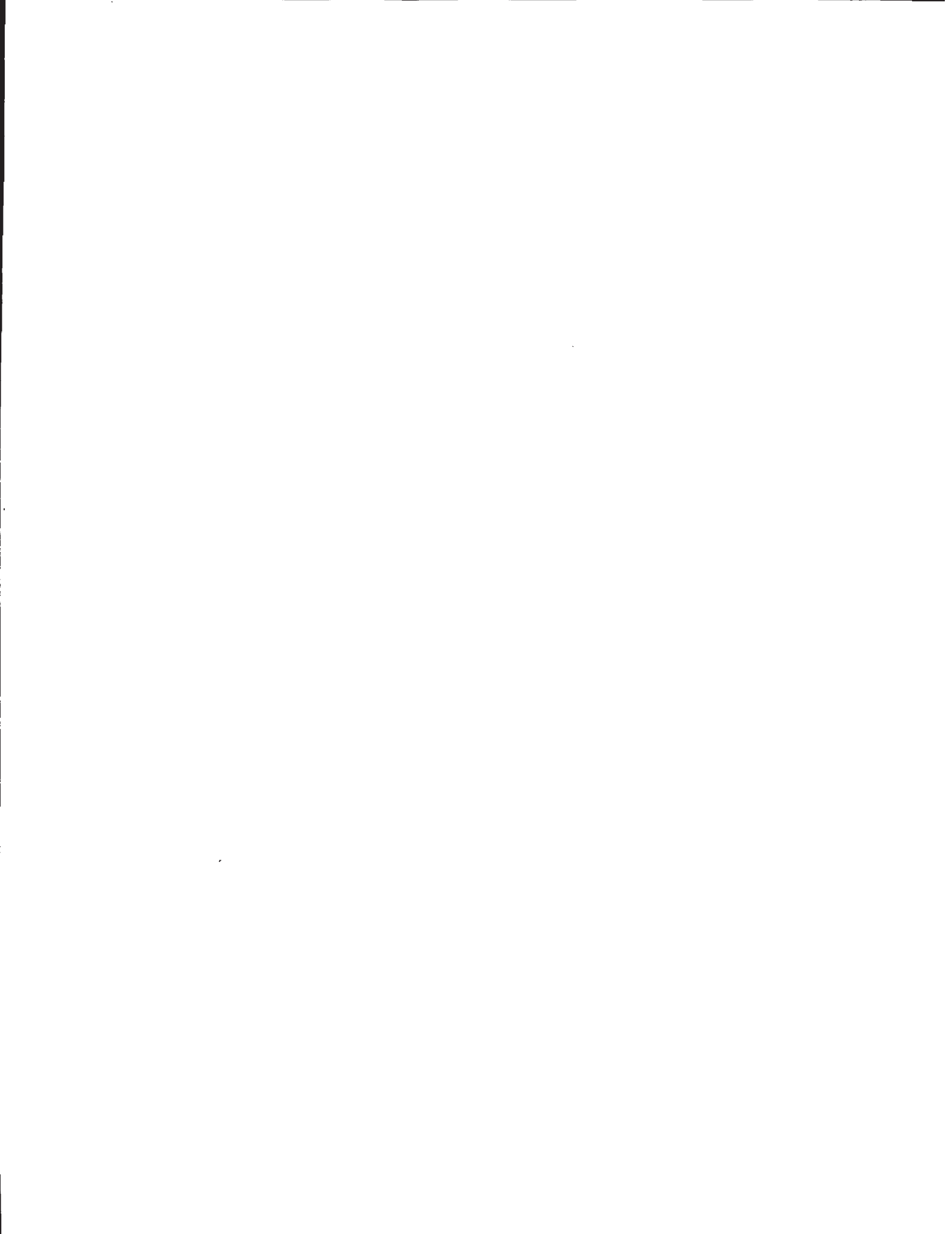
To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "TMS".

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495



10/2/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sec>

September 30, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

Thank you for the resubmission of the forms mentioned above.

The revisions made to the forms have resolved our previous concerns. As you are aware, the submission cannot be approved until the rates matters have been resolved. We received additional information concerning the rates matters from Mr. Martin Kline. We have forwarded this information to Mr. Robert Grissom to continue his review. We will keep you apprised of any development regarding this review.

Should you need clarification of any of the information contained in this letter, please contact the undersigned. When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

1914

9/20/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sec>

September 25, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED AUGUST 21, 2003
Submission No: 007 0000020897
Form No: 10-P-Q-VA, et al.

Dear Ms. Smasal:

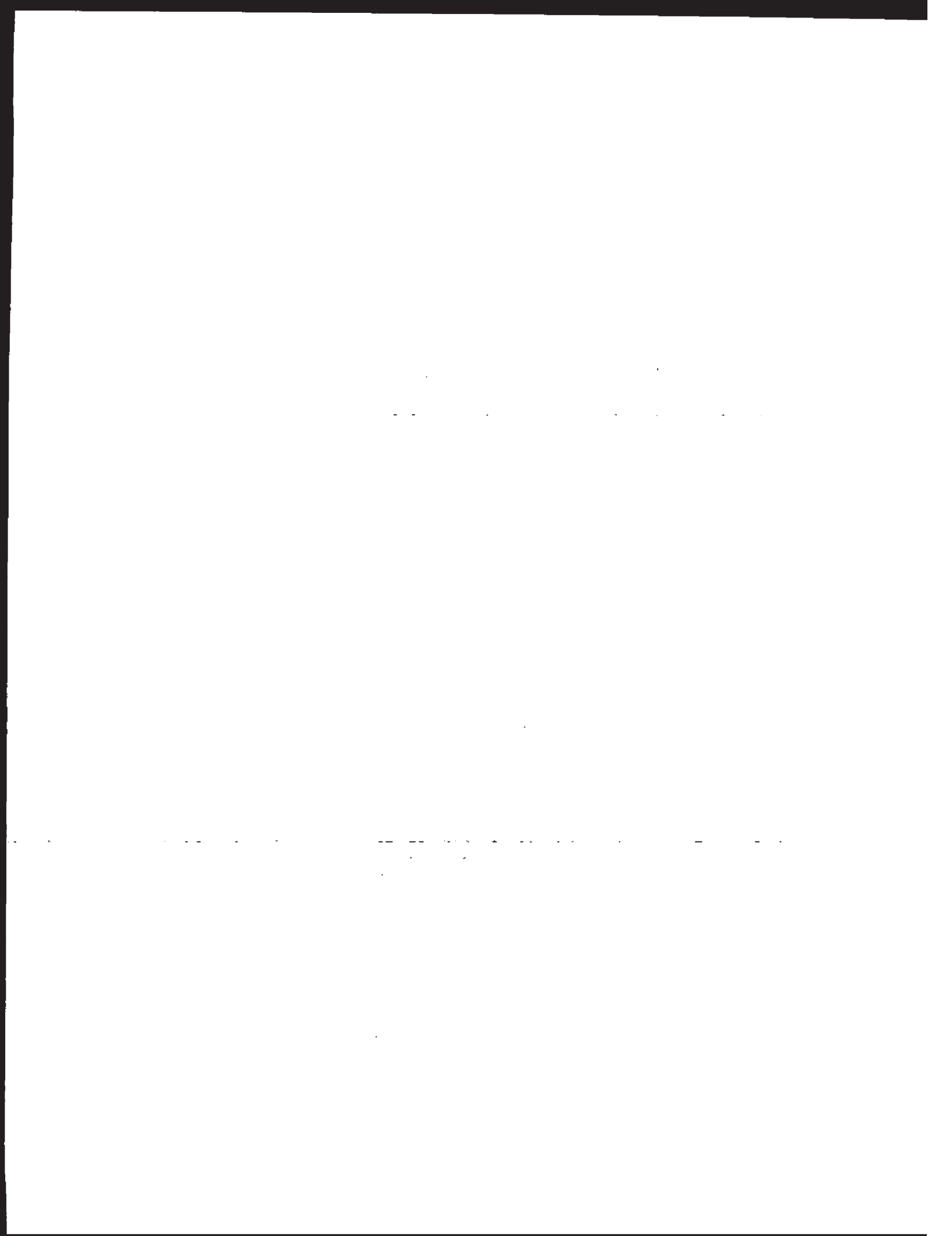
In accordance with § 38.2-316 E of the Code of Virginia, the review period applicable to the above submission is extended for an additional thirty (30) days from 09/25/03.

If you have any questions concerning this action, please contact the undersigned. Written correspondence relating to this submission should include the submission number noted above as well as the company's NAIC number.

Thank you for your courtesy and consideration in this matter.

Sincerely,

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

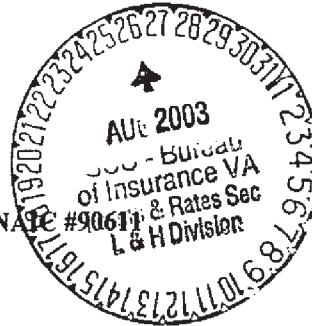


Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



August 22, 2003

Ms. Elsie Andy, Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218



RE: Allianz Life Insurance Company of North America/NAIC
Our Submission Dated July 7, 2003
Submission No: 007 0000020897
Form Nos: 10-P-Q-VA, et al

Dear Ms. Andy:

In response to your correspondence dated August 8, 2003, your concerns are restated and addressed below in the order they were presented.

...As such, we are requesting that the term "personal care" be defined for conformity with 14 VAC 5-200-50. As a suggestion, our objection would be resolved if the definition of "maintenance or personal care services" were expanded to include that personal care means the provision of hands-on services to assist an individual with activities of daily living.

In accordance with 14 VAC 5-200-50, the "Maintenance or Personal Care Services" definition in the policy has been revised to read as follows: "Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. 'Personal care' means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. 'Maintenance' means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment." The outline of coverage has been revised in this same manner. Duplicate copies of the revised policy and outline are enclosed.

...Question 1 should be expanded to conform with the requirements of Subdivisions A 2 a and A 2 b of 14 VAC 5-200-110. As a follow-up to my telephone conversations today with Sandy Manos of your office, in order for the response blocks appearing as part of the agent's statements to satisfy the regulatory requirements of both 14 VAC 5-200-110 A and 14 VAC 5-200-110 B, language would have to be added differentiating the applicant's responses from the agent's responses.

In accordance with 14 VAC 5-200-110 B, the following statement, "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force," which previously appeared under Section 3. Other insurance information has been moved to the "Agent's statement" on the last page of the application, along with its own response blocks. Duplicate copies of the revised application are enclosed.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tammy Smasal".

Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

rec'd 8/15/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/sec>

August 8, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED July 7, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

The above submission, received in this office on 07/11/03, is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Thank you for the resubmission of the forms mentioned above. The revisions to the forms have resolved most of the previous objections but we have two remaining concerns.

We noted your comment regarding the term "maintenance or personal care services"; however, our objection remains. The term "personal care" is introduced by and integral to the term "maintenance or personal care services". As such we are requesting that the term "personal care" be defined for conformity with 14 VAC 5-200-50. As a suggestion, our objection would be resolved if the definition of "maintenance or personal care services" were expanded to include that personal care means the provision of hands-on services to assist an individual with activities of daily living.

Thank you for the clarification regarding the placement of the agent's statements as required by 14 VAC 5-200-110 B. The resolution of our prior concern results in a new concern regarding the first question appearing in Section 3 as it relates to the existence of another long-term care policy in the last 12 months. Question 1 should be expanded to conform with the requirements of Subdivisions A 2 a and A 2 b of 14 VAC 5-200-110. As a follow-up to my telephone conversations today with Sandy Manos of your office, in order for the response blocks appearing as part of the agent's statements

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

August 8, 2003

Page 2

to satisfy the regulatory requirements of both 14 VAC 5-200-110 A and 14 VAC 5-200-110 B, language would have to be added differentiating the applicant's responses from the agent's responses.

We shall be glad to reconsider this submission upon receipt of revised forms to correct the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Elsie B. Andy".

Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

[The body of the document is mostly blank, with some faint, illegible markings and a small, dark smudge in the upper right corner.]

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



July 7, 2003

DISAPPROVED

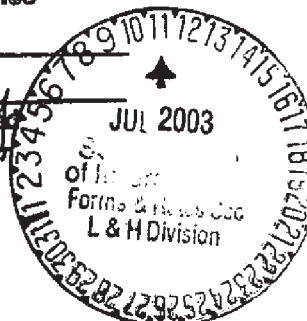
Ms. Elsie Andy, Insurance Market Examiner
Bureau of Insurance
Life & Health Division
Forms and Rates Section
PO Box 1157
Richmond, VA 23218

Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance

DATE 8/8/03

BY

Elsie B. Andy
For Reasons Stated
in Attached Letter



RE: Our Submission Dated May 21, 2003
Submission No: 007 0000020897
Form Nos: 10-P-Q-VA, et al

Dear Ms. Andy:

In response to your correspondence dated June 20, 2003, your concerns are restated and addressed below in the order they were presented.

The following three comments apply to form 10-P-Q-VA.

The caution statement appearing on the first page of the policy should more closely mirror the language set forth in 14 VAC 5-200-80 C 2. Specifically, the notice should not set a 30-day time frame in which the insured should contact the company in the event that responses in the application are incorrect.

In accordance with 14 VAC 5-200-80 C 2, the "Check Your Application" provision on the face page of the policy has been revised to delete the 30-day time frame in which the applicant must notify the company of incorrect responses. The "Caution" provision on the face page of the outline of coverage has also been revised in this same manner. Duplicate copies of the revised policy and outline are enclosed.

The definition of hands-on assistance appearing within the definition of Substantial Assistance should more closely mirror the language set forth in 14 VAC 5-200-50.

In accordance with 14 VAC 5-200-50, the "Substantial Assistance" definition in the policy and outline of coverage has been revised to read as follows: "Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person." Duplicate copies of the revised policy and outline are enclosed.

The policy used the term personal care services. As such, the policy should define the term personal care consistent with the language set forth in 14 VAC 5-200-50.

The policy actually uses the term "Maintenance or Personal Care Services," which is a defined term.

...Please note that the text and the sequence of the text of the standard format for the outline of coverage are mandatory, unless otherwise specifically indicated. Please review the outline of coverage for regulatory conformity.

The outline of coverage has been revised to be consistent with the policy, as noted above. In addition, the sequence of the text has been revised in accordance with 14 VAC 5-200-200. Duplicate copies of the revised outline are enclosed.

The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

If an insured wishes to purchase additional riders, a new policy would have to be applied for, meaning a new application would have to be completed, which would require full underwriting, and then, if eligible, a new policy with a new issue age would be issued.

Please advise where the premium for the riders is expressed pursuant to 14 VAC 5-200-70 B.

In accordance with 14 VAC 5-200-70, please refer to the Policy Schedule (page 3, form 10-PS-Q). The premium charge associated with any elected riders will be set forth in the "Cost of Rider" section.

Form 10-R7 should state that the company will notify the insured in writing at least 60 days before changes in premium are effective pursuant to 14 VAC 5-200-75 E.

The Accelerated Premium Rider has been revised to indicate that the company will notify the insured at least 60 days, rather than 45 days, before the insured's premium changes. As a result of this revision, the form number of the rider has been revised to reflect a state-specific form (10-R7-VA). Duplicate copies of the revised rider are enclosed.

Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long term care insurance policies with level premiums. As such, the rider should state that the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form. If the policy is not a level premium contract, please advise.

The Shortened Benefit Rider has been revised to add the following to the "Maximum Shortened Benefit Period Amount" definition: "The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form." As a result of this revision, the form number of the rider has been revised to reflect a state-specific form (10-R8-VA). Duplicate copies of the revised rider are enclosed.

Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

The Contingent Benefit Upon Lapse Endorsement has been revised to add the following to the "Contingent Benefit Upon Lapse" provision: "Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status." Duplicate copies of the revised endorsement are enclosed.

Your readability certification does not contain the number of words, syllable, and sentences as required by 14 VAC 5-110-60. Please include this information in your resubmission.

In accordance with 14 VAC 5-110-60, enclosed are duplicate copies of a readability certification that includes the number of words, syllables, and sentences.

Form WS1-VA should contain the direction (Check One) following the first question appearing in the Questions Related to Your Income section for conformity with 14 VAC 5-200-175 C 2.

In accordance with 14 VAC 5-200-175 C 2, the "Questions Related to Your Income" section of the personal worksheet has been revised to add the direction "Check One" to the first question. Duplicate copies of the revised personal worksheet are enclosed.

...Even though the form (PRD-VA) is neither approved nor disapproved, it should be consistent with regulatory requirements set forth in 14 VAC 5-200-75 D.

Form PRD-VA is consistent with the regulatory requirements set forth in 14 VAC 5-200-75 D.

The following to comments apply to form 10-A-VA.

The first question appearing in the Other insurance information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long term care insurance application.

This question appears in order to determine whether our policy will replace another disability income policy, or whether our policy would be duplicative to another disability income policy. Since disability income benefits may be similar to long term care benefits, we would want to know whether we are replacing or duplicating similar coverage.

The application should include statements with respect to the agent as required by 14 VAC 5-200-110 B.

In accordance with 14 VAC 5-200-110 B, please refer to Section 3. Other insurance information of the application (form 10-A-VA). Under question #4 appears the following language: "Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force."

...Forms filed for informational purposes (advertising materials) should be submitted separately from forms for which formal approval is sought. Upon the receipt of proper filing, we will acknowledge the submission under a separate submission number.

As required, the advertising materials will be submitted under separate cover.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,



Tammy Smasal

Sr. Compliance Analyst

Product/Forms Filing Compliance

E-mail: tammy_smasal@allianzlife.com

Fax: 763/582-6495

FORMS FILING COVER SHEET

POLICY FORMS FILED FOR USE AS QUALIFIED TAX STATUS

10-P-Q-VA	Long Term Care Insurance Policy
10-PS-Q	Long Term Care Insurance Policy Schedule Page
10-OC-Q-VA	Outline of Coverage for Long Term Care Insurance Policy
10-R1	3% Lifetime Compound Benefit Increase Rider
10-R2	4% Lifetime Compound Benefit Increase Rider
10-R3	5% Lifetime Compound Benefit Increase Rider
10-R4	Two Times Compound Benefit Increase Rider
10-R5	Simple Benefit Increase Rider
10-R6	Limited Pay Rider
10-R7-VA	Accelerated Premium Rider
10-R8-VA	Shortened Benefit Rider
10-R9	Calendar Day Elimination Period Rider
10-R10	Home & Community Care Monthly Benefit Rider
10-R11	Waiver of Home & Community Care Elimination Period Rider
10-R12	Home & Community Care Monthly Indemnity Benefit Rider
10-R13	Comprehensive Monthly Indemnity Benefit Rider
10-R14	Return of Premium Upon Death Rider
10-R15	Full Return of Premium Upon Death Rider
10-R16	Restoration of Benefits Rider
10-R17	Married Discount Rider
10-R18	Spousal Discount Rider
10-R19	Spousal Shared Care Rider
10-R20	Spousal Waiver of Premium Rider
10-R21	Spousal Survivorship Rider
10-E-1-VA	Contingent Benefit Upon Lapse Endorsement
10-E-2	Facility Care Only Policy Endorsement
10-E-3	International Coverage Benefit Endorsement
10-A-VA	Application for Long Term Care Insurance

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Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800-328-5601

CERTIFICATE OF READABILITY

<u>POLICY FORM</u>	<u>FLESCH SCORE</u>	Number of: <u>WORDS</u>	<u>SYLLABLES</u>	<u>SENTENCES</u>
10-P-Q-VA	50	8740	14,519	373
10-OC-Q-VA	50	6865	11,460	287
10-R1	69	1363	2038	60
10-R2	70	1378	2053	61
10-R3	69	1362	2035	61
10-R4	68	1415	2124	63
10-R5	72	1307	1911	62
10-R6	81	1187	1644	56
10-R7-VA	77	1268	1797	59
10-R8-VA	75	1286	1835	59
10-R9	78	1165	1647	53
10-R10	82	1095	1516	55
10-R11	74	1305	1881	59
10-R12	77	1284	1842	66
10-R13	77	1259	1821	66
10-R14	80	1161	1615	57
10-R15	79	1143	1613	58
10-R16	78	1131	1615	56
10-R17	82	1181	1610	55
10-R18	81	1222	1668	57
10-R19	75	1422	2029	66
10-R20	79	1265	1782	57
10-R21	79	1204	1696	53
10-E-1-VA	68	1612	2411	69
10-E-2	75	1238	1806	61
10-E-3	50	1670	2840	79
10-A-VA	50	2207	4044	330

It is hereby certified that each policy form listed above meets the minimum reading ease requirements for the state of Virginia.

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form, in my judgment, is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: July 8, 2003

Suzanne Pepin
Senior Vice President, Secretary and
Chief Legal Counsel



Dorothy Ellerbroek
07/07/2003 11:48 AM

To: Tammy Smasal/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

It would have to be a new policy, ;with new issue age, and a new application w/full underwriting. IF the request for addl coverage is within 60 days, we will more likely use same medical information, and repeat minimal requirements (amend for a statement of good health may be sufficient in some cases).
Dorothy Ellerbroek

Tammy Smasal

Tammy Smasal
07/07/2003 11:27 AM

To: Dorothy Ellerbroek/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

Thanks for the quick response. Just one more question: With respect to adding riders after the effective date of the policy, would the issue age be the same as the "old" policy? Or would the "new" policy have a new issue age? Let me know. Thanks,
Tammy

Dorothy Ellerbroek



Dorothy Ellerbroek
07/07/2003 11:22 AM

To: Tammy Smasal/allianzlife@AZLIFE
cc:
Subject: Re: VA GenPro

You are correct in your understanding on both those questions.

Dorothy Ellerbroek

Tammy Smasal

Tammy Smasal
07/07/2003 10:33 AM

To: Dorothy Ellerbroek/allianzlife@AZLIFE
cc: Cherrie Freeman/allianzlife@AZLIFE
Subject: VA GenPro

Hi Dorothy,
I'm working on an objection letter from VA on our GenPro filing, and the following inquiries are those on which I need your help:

- The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

It's my understanding that in order to purchase additional riders, a whole new policy would have to be issued. Is this correct? If it is, would the issue age be the same as the "old" policy? Or would the "new" policy have a new issue age?

- The first question appearing in the Other insurance information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long term care insurance application.

The first part of the paper discusses the importance of understanding the cultural context of the research. It emphasizes that researchers must be sensitive to the values, beliefs, and practices of the community they are studying. This is particularly true in the case of qualitative research, where the researcher's own biases and assumptions can significantly influence the results.

The second part of the paper focuses on the methodological challenges of conducting research in a cross-cultural setting. It highlights the need for flexibility and adaptability in the research design, as well as the importance of building trust and rapport with the participants. The author also discusses the role of the researcher as a facilitator and a learner, rather than just an observer.

The third part of the paper presents a case study of a research project conducted in a rural community in India. The study aimed to explore the experiences of women in the community and their views on gender equality. The author describes the challenges of recruiting participants and the importance of using a participatory approach to the research.

The fourth part of the paper discusses the ethical considerations of conducting research in a cross-cultural setting. It emphasizes the need for informed consent and the protection of the rights of the participants. The author also discusses the importance of transparency and accountability in the research process.

The fifth part of the paper presents the findings of the research project. It discusses the experiences of the women in the community and their views on gender equality. The author also discusses the implications of the findings for policy and practice.

The final part of the paper concludes with a discussion of the limitations of the study and suggestions for future research. The author emphasizes the need for continued research on the experiences of women in cross-cultural settings and the importance of building on the knowledge gained from previous studies.

It's my understanding that this question appears in order to determine whether our policy will replace another policy or whether our policy would be duplicative to another policy, and that disability income benefits may be similar to long term care benefits, so we would want to know whether we are replacing or duplicating coverage. Is this correct? If not, please advise why we ask this question.

Let me know if you have any questions. Thanks,
Tammy

Todd Petit
07/07/2003 12:21 PM

To: Tammy Smasal/allianzlife@AZLIFE
cc: Martin Kline/allianzlife@AZLIFE
Subject: Re: VA GenPro 

Tammy,

I am fine with both of these changes.

Todd

Tammy Smasal

Tammy Smasal
07/07/2003 11:02 AM

To: Todd Petit/allianzlife@AZLIFE, Martin Kline/allianzlife@AZLIFE
cc:
Subject: VA GenPro

I'm working on an objection letter from VA on our GenPro filing, and the following objections are those on which I need your help:

- Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long term care insurance policies with level premiums. As such, the rider should state that the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form. If the policy is not a level premium contract, please advise.

This objection is with respect to the Shortened Benefit Rider. Is it okay to add this language to the "Maximum Shortened Benefit Period Amount" definition? Attached is the rider with the language added (in red) so you can see how it looks.



Shortened Benefit Rider VA.d

- Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

This objection is with respect to the Contingent Benefit Upon Lapse Endorsement. Is it okay to add this language to the "Contingent Benefit Upon Lapse" provision? Attached is the endorsement with the language added (in red) so you can see how it looks.



Contingent Benefit Upon Lapse Endorsement V/

Let me know if you have any questions. Thanks,
Tammy



6/22/03

COMMONWEALTH OF VIRGINIA

ALFRED W. GROSS
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9741
TDD/VOICE: (804) 371-9206
<http://www.state.va.us/scc>

June 20, 2003

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA
5701 GOLDEN HILLS DRIVE
MINNEAPOLIS, MN 55416-1297
Attn: TAMMY SMASAL
SENIOR COMPLIANCE ANALYST

RE: YOUR SUBMISSION DATED MAY 21, 2003
Submission No: 007 0000020897
Form Nos.: 10-P-Q-VA, et al.

Dear Ms. Smasal:

The above submission, received in this office on 05/27/03, is **DISAPPROVED** and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

The following three comments apply to form 10-P-Q-VA.

The caution statement appearing on the first page of the policy should more closely mirror the language set forth in 14 VAC 5-200-80 C 2. Specifically, the notice should not set a 30-day time frame in which the insured should contact the company in the event that responses in the application are incorrect.

The definition of *hands-on assistance* appearing within the definition of *Substantial Assistance* should more closely mirror the language set forth in 14 VAC 5-200-50.

The policy uses the term *personal care services*. As such, the policy should define the term *personal care* consistent with the language set forth in 14 VAC 5-200-50.

We have neither reviewed nor taken any action on the outline of coverage. Even though the form is neither approved nor disapproved, the outline should be consistent with the policy provisions, statutory requirements, and the regulatory requirements of 14 VAC 5-200-200. Please note that the text and the sequence of text of the standard

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

June 20, 2003

Page 2

format for the outline of coverage are mandatory, unless otherwise specifically indicated. Please review the outline of coverage for regulatory conformity.

The riders state that they are effective on the effective date of the policy. Please advise if the insured has the option to purchase riders after the effective date of the policy.

Please advise where the premium for the riders is expressed pursuant to 14 VAC 5-200-70 B.

Form 10-R7 should state that the company will notify the insured in writing at least 60 days before changes in premium are effective pursuant to 14 VAC 5-200-75 E.

Pertaining to form 10-R8, 14 VAC 5-200-185 K 2 is applicable to qualified long-term care insurance policies with level premiums. As such, the rider should state that *the amount of the benefit may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency and interest as reflected in changes in rates for premium paying contracts approved by the commission for the same contract form*. If the policy is not a level premium contract, please advise.

Form 10-E-1-VA should state that all benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in the premium paying status.

Your readability certification does not contain the number of words, syllables, and sentences as required by 14 VAC 5-110-60. Please include this information in your resubmission.

Form WS1-VA should contain the direction (Check One) following the first question appearing in the Questions Related to Your Income section for conformity with 14 VAC 5-200-175 C 2.

We did not review the Long-Term Care Insurance Potential Rate Increase Disclosure Form. As long as the form is a separate form (meaning not incorporated into another form that requires review), it will not be subject to review for approval or disapproval. Even though the form is neither approved nor disapproved, it should be consistent with regulatory requirements set forth in 14 VAC 5-200-75 D.

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

June 20, 2003

Page 3

The following two comments apply to form 10-A-VA.

The first question appearing in the Other Insurance Information section asks the applicant if he/she had another disability income policy in force in the last 12 months. Please advise how this question applies to a long-term care insurance application.

The application should include statements with respect to the agent as required by 14 VAC 5-200-110 B.

We are returning the advertising materials to be submitted under separate cover for the purposes of filing for informational purposes only. (Forms filed for informational purposes should be submitted separately from forms for which formal approval is sought.) Upon the receipt of proper filing, we will acknowledge the submission under a separate submission number.

The rate filing has been referred to another examiner for review. We will keep you apprised of any developments regarding that review.

Upon subsequent review, other concerns may require attention.

We shall be glad to reconsider this submission upon receipt of revised forms to correct the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

When corresponding with us concerning this submission, please refer to the Submission Number noted above. Please also verify that your company's NAIC number is displayed prominently on all correspondence.

Thank you for your courtesy and consideration in this matter.

Sincerely,



Elsie B. Andy
Insurance Market Examiner
Forms and Rates Section
Life and Health Division
Telephone No. (804) 371-9072

The first part of the paper discusses the importance of maintaining accurate records of all transactions. It is essential for the company to have a clear and concise record of all financial activities, including sales, purchases, and expenses. This will allow the company to track its performance over time and identify areas for improvement.

The second part of the paper discusses the importance of maintaining accurate records of all assets. This includes both tangible and intangible assets, such as property, equipment, and intellectual property. The company should have a clear and concise record of all assets, including their location, condition, and value. This will allow the company to track its assets over time and identify areas for improvement.

The third part of the paper discusses the importance of maintaining accurate records of all liabilities. This includes both short-term and long-term liabilities, such as accounts payable and loans. The company should have a clear and concise record of all liabilities, including their terms, conditions, and amounts. This will allow the company to track its liabilities over time and identify areas for improvement.

The fourth part of the paper discusses the importance of maintaining accurate records of all equity. This includes both common and preferred equity, as well as any other equity interests in the company. The company should have a clear and concise record of all equity, including the names of the equity holders and the amounts of their investments. This will allow the company to track its equity over time and identify areas for improvement.

The fifth part of the paper discusses the importance of maintaining accurate records of all income and expenses. This includes both operating and non-operating income and expenses. The company should have a clear and concise record of all income and expenses, including the dates, amounts, and descriptions of each transaction. This will allow the company to track its income and expenses over time and identify areas for improvement.

The sixth part of the paper discusses the importance of maintaining accurate records of all taxes. This includes both income taxes and other taxes, such as sales taxes and property taxes. The company should have a clear and concise record of all taxes, including the amounts paid and the dates of payment. This will allow the company to track its taxes over time and identify areas for improvement.

The seventh part of the paper discusses the importance of maintaining accurate records of all other financial information. This includes any other financial data that the company may have, such as bank statements and credit card statements. The company should have a clear and concise record of all other financial information, including the dates, amounts, and descriptions of each transaction. This will allow the company to track its other financial information over time and identify areas for improvement.

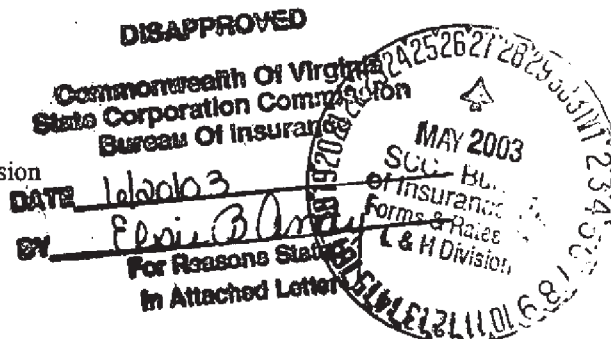
In conclusion, the paper emphasizes the importance of maintaining accurate records of all financial information. This is essential for the company to track its performance over time and identify areas for improvement. The paper provides a clear and concise record of all financial activities, assets, liabilities, equity, income and expenses, taxes, and other financial information. This will allow the company to track its financial information over time and identify areas for improvement.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



May 21, 2003

State Corporation Commission
Bureau of Insurance
PO Box 1157
Richmond, VA 23218



**RE: Allianz Life Insurance Company of North America / NAIC 90611 / FEIN #41-1366075
Long Term Care Insurance Policy 10-P-Q-VA, et al**

Attached is a list of forms for your review and approval. All forms are new unless otherwise stated and do not supersede any previously filed forms. Our Company's licensed agents will sell all forms on a personal contact basis. Please be advised that we will be using the NAIC Buyer's Guide.

Form 10-P-Q-VA is a guaranteed renewable tax qualified long term care insurance policy. The policy will pay the actual charges incurred, up to the elected facility care daily benefit, for skilled, intermediate and custodial nursing care, while the insured is confined in a nursing facility or an assisted living facility. The policy will also pay the actual expenses incurred up to the home and community care daily benefit (70%, 100%, or 130% of the facility care daily benefit) for covered services such as professional nursing care, care by a home health aide, therapeutic care services, homemaker services, adult day care, and hospice care.

Eligibility for benefits is based on the inability to perform at least 2 out of 6 activities of daily living or severe cognitive impairment. Benefits are payable after the satisfaction of a 7, 30, 60, 90 or 180-day elimination period. Once the elimination period has been satisfied, no future elimination period will be required. Days may be accumulated under separate claims in order to satisfy the elimination period.

The policies will be issued to insureds age 18-84 (age last birthday). The daily benefit amount available ranges from \$100 to \$500 in increments of \$10. The insured may elect a benefit period of 2, 3, 4, 5, or 8 years, or elect a lifetime benefit period.

As described in the actuarial memorandum, discounted premiums will be available for endorsed groups, Allianz employees and agents, those who are married, and spousal contracts. Spousal coverage is available for two people who are married, live in the same household, and are both issued contracts. In the case of spousal coverage, each insured has their own individual policy so that all policy benefits, provisions, and eligibility rules will be applied separately for each insured.

Other benefits provided by the policy are as follows:

Bed Reservation Benefit - If the insured is eligible for benefit payments and confined in a nursing facility or an assisted living facility, we will continue to pay benefits if the insured becomes hospitalized or temporarily leaves the facility. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If the insured is chronically ill, we will pay the expenses incurred for an informal caregiver to receive training to care for the insured, up to the maximum caregiver training benefit.

Respite Care Benefit - This benefit provides short term care to relieve family or friends who are providing care to the insured in the insured's home. If the insured is chronically ill, we will pay the actual daily charges incurred for each day of facility care, up to the facility care daily benefit elected, or the actual expenses incurred for each day of home and community care, up to the home and community care daily benefit elected. This benefit is payable for a maximum of 30 days per calendar year.

Alternative Plan of Care Benefit – An alternative plan of care is available if agreed to by the insured, the licensed health care practitioner, and the company. Services may include equipment purchases or rentals, permanent or temporary modifications to the insured's home (such as ramps or rails), or care services not normally covered under other benefit provisions.

Nursing Facility Recovery Benefit – If facility care daily benefits have been paid for at least 12 continuous months due to confinement in a nursing facility, and the insured is certified as no longer chronically ill, the contract will be paid-up.

Waiver of Premium Benefit – If the insured is eligible for benefit payments and the elimination period has been satisfied, we will waive each premium that comes due, according to the mode of premium in effect at the time the insured became eligible for benefits. Once the insured is no longer chronically ill, the waiver ends, and the insured is put back on schedule with the previous billing mode. When billing is back on schedule, regular billing resumes.

Care Coordination Advisor Benefit – The insured may choose to receive access to care management professionals who will work with the insured, his or her family, and his or her licensed health care practitioner to determine and monitor care. This includes assessment of the situation of the insured and investigation of available care resources. This service is not required for the insured to obtain benefits under the contract. If used, this service will not accumulate toward the maximum lifetime benefit.

Several optional riders are available for attachment to the policy.

Form 10-R1 is a 3% Lifetime Compound Benefit Increase Rider. This rider provides compound 3% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 3% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 3% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 3%.

Form 10-R2 is a 4% Lifetime Compound Benefit Increase Rider. This rider provides compound 4% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 4% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 4% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 4%.

Form 10-R3 is a 5% Lifetime Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 5%.

Form 10-R4 is a Two Times Compound Benefit Increase Rider. This rider provides compound 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% from the previous year's amount. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% from the previous year's amount. The remaining maximum lifetime benefit will be increased by 5%.

Form 10-R5 is a Simple Benefit Increase Rider. This rider provides simple 5% inflation protection. Each year, the facility care daily benefit and home and community care daily benefit will be increased by 5% of the original amount issued to you. The monthly indemnity benefit (if the comprehensive monthly indemnity benefit rider is elected) or the home and community care monthly indemnity benefit (if the home and community care monthly indemnity benefit rider is elected) will be increased by 5% of the original amount issued to you. The remaining maximum lifetime benefit will also increase by the same proportion as the increase in the daily benefits.

Form 10-R6 is a Limited Pay Rider. If the insured is age 64 or younger on the policy effective date, once the insured has paid required premiums until the first policy anniversary following his or her 80th birthday, this rider provides a paid-up contract. For an insured age 65 or older on the policy effective date, once the insured has paid required premiums until the first policy anniversary after 15 policy years, this rider provides a paid-up contract.

Form 10-R7 is an Accelerated Premium Rider. If the insured is age 64 or younger on the policy effective date, this rider adjusts the premium to 1.4 times the amount that would have been paid without the rider for the first ten policy years. For policy years eleven through termination, the premium is adjusted to 0.7 times the amount that would have been paid without the rider. For an insured age 65 or older on the policy effective date, this rider adjusts the premium to 1.2 times the amount that would have been paid without the rider for the first ten policy years. For policy years eleven through termination, the premium is adjusted to 0.6 times the amount that would have been paid without the rider.

Form 10-R8 is a Shortened Benefit Rider. If the contract lapses after 3 years due to nonpayment of premium, this rider will continue coverage until the total of benefits paid, including benefits paid before lapse, equals the premiums paid. The benefit would never be less than thirty times the facility care daily benefit in effect at the time of lapse.

Form 10-R9 is a Calendar Day Elimination Period Rider. This rider credits, toward the elimination period, each day that the insured is chronically ill from the first day that the insured receives care.

Form 10-R10 is a Home and Community Care Monthly Benefit Rider. This rider pays the home and community care benefit on a monthly basis rather than on a daily basis.

Form 10-R11 is a Waiver of Home and Community Care Elimination Period Rider. This rider waives the requirement to satisfy the elimination period if the insured is receiving home and community care.

Form 10-R12 is a Home and Community Care Monthly Indemnity Benefit Rider. This rider provides a cash benefit in any month that a home and community care benefit payment is received.

Form 10-R13 is a Comprehensive Monthly Indemnity Benefit Rider. This rider provides a cash benefit in any month that a benefit payment is received.

Form 10-R14 is a Return of Premium Upon Death Rider. This rider returns all premiums paid, less any benefits paid, to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Form 10-R15 is a Full Return of Premium Upon Death Rider. This rider returns all premiums paid to the named beneficiary, or to the estate if no beneficiary has been designated, if the contract terminates because of the insured's death.

Form 10-R16 is a Restoration of Benefits Rider. If benefits have been paid and deducted from the maximum lifetime benefit, this rider restores the maximum lifetime benefit if, for a period of 180 consecutive days, the contract is in force, the insured is not receiving benefit payments, and the insured is no longer chronically ill. The maximum lifetime benefit may be restored an unlimited number of times.

Form 10-R17 is a Married Discount Rider. This rider provides a premium discount if the insured is married.

Form 10-R18 is a Spousal Discount Rider. This rider provides a premium discount if both the insured and an insured spouse, with whom the insured is living and to whom the insured is married, are issued contracts.

Form 10-R19 is a Spousal Shared Care Rider. This rider allows the insured to access the insured spouse's available benefits, up to the spousal shared care benefit amount, once the insured exhausts his or her maximum lifetime benefit. The spousal shared care benefit amount is calculated as the maximum lifetime benefit, less the total of all claims paid, less 365 times the facility care daily benefit in effect at the time of claim.

Form 10-R20 is a Spousal Waiver of Premium Rider. This rider waives the insured's premium as it comes due if the insured spouse is eligible for benefit payments and has satisfied the elimination period.

Form 10-R21 is a Spousal Survivorship Rider. This rider provides a paid-up contract if both insureds' contracts have been in force for ten policy years and then the insured spouse dies.

Form 10-E-1-VA is a Contingent Benefit Upon Lapse Endorsement. This endorsement will be included in all contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the insured may choose either a reduction of policy benefits so that premiums are not increased or a conversion of the policy to paid-up status with a shortened benefit period.

Form 10-E-2 is a Facility Care Only Policy Endorsement. This endorsement deletes any reference in the policy to "Home and Community Care," therefore making it a Facility Care Only Policy. This endorsement will only be used if an applicant does not meet our underwriting guidelines for both facility care and home and community care. In order to offer the applicant some level of coverage, we may offer facility care only coverage, thus the need for this endorsement.

Form 10-E-3 is an International Coverage Benefit Endorsement. This endorsement provides benefits if the insured is eligible for benefit payments and requires qualified long term care services while outside the fifty United States, the District of Columbia, or Canada. This endorsement will be attached to all policies.

Form 10-A-VA is the application for long term care insurance.

Form 10-OC-Q-VA is the outline of coverage. The outline of coverage provides a brief description of the important features of the policy and riders.

Form 10-CB is a consumer brochure. **Form 10-CR** is a camera-ready advertising piece. Please note, the marketing name of the product is Generation Protector.

For your information, as required by the Long Term Care Insurance Model Regulation, enclosed is a personal worksheet, **Form WS1-VA**, and a potential rate increase disclosure, **Form PRD-VA**. These forms will be provided upon solicitation and may be used with other products filed in the future.

We have added brackets around all information on the forms that may change in the future and also around information that is variable.

Additional items enclosed relevant to this filing are the Actuarial Memorandum, policy illustration, and other materials required by the Department.

The application and riders may be used with other forms filed in the future.

To the best of our knowledge and belief, the above forms conform to all State Insurance Statutes, Regulations and Department requirements.

Please use the enclosed copies to acknowledge approval. Do not hesitate to call me with any questions you may have at 800-328-5601, extension 32804. Thank you for your consideration.

Sincerely,



Tammy Smasal
Sr. Compliance Analyst
Product/Forms Filing Compliance
E-mail: tammy_smasal@allianzlife.com
Fax: 763/582-6495

FORMS FILING COVER SHEET

POLICY FORMS FILED FOR USE AS QUALIFIED TAX STATUS

10-P-Q-VA	Long Term Care Insurance Policy
10-PS-Q	Long Term Care Insurance Policy Schedule Page
10-OC-Q-VA	Outline of Coverage for Long Term Care Insurance Policy
10-R1	3% Lifetime Compound Benefit Increase Rider
10-R2	4% Lifetime Compound Benefit Increase Rider
10-R3	5% Lifetime Compound Benefit Increase Rider
10-R4	Two Times Compound Benefit Increase Rider
10-R5	Simple Benefit Increase Rider
10-R6	Limited Pay Rider
10-R7	Accelerated Premium Rider
10-R8	Shortened Benefit Rider
10-R9	Calendar Day Elimination Period Rider
10-R10	Home & Community Care Monthly Benefit Rider
10-R11	Waiver of Home & Community Care Elimination Period Rider
10-R12	Home & Community Care Monthly Indemnity Benefit Rider
10-R13	Comprehensive Monthly Indemnity Benefit Rider
10-R14	Return of Premium Upon Death Rider
10-R15	Full Return of Premium Upon Death Rider
10-R16	Restoration of Benefits Rider
10-R17	Married Discount Rider
10-R18	Spousal Discount Rider
10-R19	Spousal Shared Care Rider
10-R20	Spousal Waiver of Premium Rider
10-R21	Spousal Survivorship Rider
10-E-1-VA	Contingent Benefit Upon Lapse Endorsement
10-E-2	Facility Care Only Policy Endorsement
10-E-3	International Coverage Benefit Endorsement
10-A-VA	Application for Long Term Care Insurance
10-CB	Consumer Brochure
10-CR	Camera Ready Advertising



Allianz Life Insurance Company of North America

[5701 Golden Hills Drive

Minneapolis, MN 55416-1297]

[800/328-5601]

CERTIFICATE OF READABILITY

<u>POLICY FORM</u>	<u>FLESCH SCORE</u>	<u>POLICY FORM</u>	<u>FLESCH SCORE</u>
10-P-Q-VA	50	10-R13	77
10-OC-Q-VA	50	10-R14	80
10-R1	69	10-R15	79
10-R2	70	10-R16	78
10-R3	69	10-R17	82
10-R4	68	10-R18	81
10-R5	72	10-R19	75
10-R6	81	10-R20	79
10-R7	77	10-R21	79
10-R8	75	10-E-1-VA	68
10-R9	78	10-E-2	75
10-R10	82	10-E-3	50
10-R11	74		
10-R12	77	10-A-VA	50

It is hereby certified that each policy form listed above meets the minimum reading ease score required by each of the following states:

CONNECTICUT

FLORIDA

GEORGIA

HAWAII

INDIANA

KENTUCKY

MAINE

MARYLAND

MASSACHUSETTS

MICHIGAN

MINNESOTA

MONTANA

NEBRASKA

NEVADA

NEW HAMPSHIRE

NEW JERSEY

NEW MEXICO

NORTH CAROLINA

NORTH DAKOTA

OHIO

OKLAHOMA

OREGON

SOUTH CAROLINA

SOUTH DAKOTA

TENNESSEE

TEXAS

VERMONT

VIRGINIA

WEST VIRGINIA

WISCONSIN

The Flesch score was calculated using the text of the entire form. ("Text" is as defined by state regulations).

Each form, in my judgment, is readable and complies with all applicable state rules and regulations as to size of print, format and arrangement.

Date: May 21, 2003

Vickie Hendrickson

Vickie J. Hendrickson

Assistant Vice President, Compliance

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VIRGINIA
CERTIFICATE

RE: Form #: 10-P-Q-VA, et al

The Company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.1 of the Code of Virginia and the regulations promulgated pursuant thereto.



Date: May 21, 2003

Suzanne Pepin
Senior Vice President, Secretary
and Chief Legal Officer

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

General Filing Requirements	
Transmittal Letter	14 VAC 5-100-40 Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1 Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2 Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3 Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5 Description of market for which the form is intended.
	14 VAC 5-100-40 6 At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7 Must include the name and NAIC number of the company for which the filing is made.
Forms	
Form number	14 VAC 5-100-50 1 Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2 Full and proper corporate name (including "inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3 Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4 Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5 Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312 Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1 Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.
Readability certification	14 VAC 5-110-60 Readability certification is required.

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

Review Requirements Checklist		
LTC personal suitability worksheet	14 VAC 5-200-175-C 2	The LTC personal suitability worksheet must be submitted with the policy.
Entire consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.
Effective-Termination time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective or terminates is expressed in the policy.
DMAS Payor of last resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.
Definition of eligible family members	§ 38.2-3500 C	
Renewal provision	14 VAC 200-70 A & 14 VAC 5-200-60 A	The regulation specifies the content of the renewability provision. The renewal provision must be either guaranteed renewable or noncancellable.
LTC Caution notice	14 VAC 5-200-80 C 2	Required language.
30-day free look	§ 38.2-5208 A	
Notice to buyer	14 VAC 5-200-170 A 3	Required language.
Policy Provisions		
General		
Entire contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.
Grace period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.
Reinstatement	14 VAC 5-200-65 A 3 § 38.2-3503 4	The policy must specify an additional 30 days for an unintentional lapse of coverage.
Notice of claim	14 VAC 5-200-65 B	The regulation provides for an extended reinstatement period in the event of policy lapse due to cognitive impairment.
Claim forms	§ 38.2-3503 5	
Proof of loss	§ 38.2-3503 6 § 38.2-3503 7	
Time payment of claims	§ 38.2-3503 8	The provision specifies when benefits will be paid.
Payment of claims	§ 38.2-3503 9	The provision specifies to whom benefits will be paid
Physical examinations and autopsy	§ 38.2-3503 10	
Legal actions	§ 38.2-3503 11	
Change of beneficiary	§ 38.2-3503 12	(For payment to beneficiaries, see Payment of Claims provision-§ 38.2-3503 9.)
Long term care incontestability	§ 38.2-5209	The provision contains specific incontestability language for long-term care insurance.

100

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

Review Requirements Checklist	
Age Limit	§ 38.2-3513 A If the policy establishes an age-limit after which coverage will no longer be effective, and if the date falls within a period for which a premium is accepted by the insurer or the insurer accepts a premium after the date, the coverage provided by the policy will continue in force until the end of the period for which the premium has been accepted.
	§ 38.2-3513 B If the age of the insured has been misstated and the policy would not have been issued according to the correct age of the insured, the policy would not have become effective or would have ceased prior to the acceptance of the premium, then the liability of the insurer shall be limited to the refund of the premium paid for the period not covered by the policy.
Optional Provisions	
Change of occupation	§ 38.2-3504 1
Misstatement of age	§ 38.2-3504 2
Other insurance in this company	§ 38.2-3504 3
Insurance with other company	§ 38.2-3504 4
Unpaid premiums	§ 38.2-3504 7
Conformity with state statutes	§ 38.2-3504 9
Illegal occupation	§ 38.2-3504 10
Intoxicants and narcotics	§ 38.2-3504 11
Prohibited Provisions	
	§ 38.2-5203 Specified provisions prohibited in a long-term care policy.
	§ 38.2-5205 Prior institutionalization may not be a requirement to receive benefits.
	14 VAC 5-200-190 Preexisting conditions and waiting periods may not be used in replacement policies.
	§ 38.2-3405 A No policy shall contain a provision regarding subrogation of any person's right to recovery for personal injuries from a third person.
	§ 38.2-3405 B Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract. Motor vehicle no-fault law as referred in 14 VAC 5-200-60 B may not be part of a policy exclusion.
	§ 38.2-3405 C The statute discusses exceptions to exclusions due to benefits payable under workers' compensation.
Minimum standards for home health care	14 VAC 5-200-90 The minimum standards include prohibited exclusions and restrictions regarding home health care benefits.
Life Policy Requirements	
Duration of benefits	§ 38.2-5200 Coverage must be provided for a minimum of 12 months.
Refund of premium for cancellation or termination of policy	§ 38.2-5202.1 Provides for the termination of the policy by the Insured and for cancellation of the policy by the Insurer.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

Section		Regulation
Preexisting condition	§ 38.2-5204	Defines look-back period and limitation period for preexisting conditions.
	14 VAC 5-200-70 D	If policy includes limitations due to a preexisting condition, such limitations must be included labeled as "Preexisting Condition Limitations".
Definitions	14 VAC 5-200-50	Certain terms defined.
UCR defined	14 VAC 5-200-70 C	The term must be defined if benefits are based on usual, reasonable and customary charges.
Limitations and exclusions	14 VAC 5-200-60 B	
	§ 38.2-3504 11	Intoxicants and narcotics
Extension of benefits	14 VAC 5-200-60 C	
Required to offer inflation protection	14 VAC 5-200-100 A	
Signed acceptance for riders and amendments	14 VAC 5-200-70 B	All riders and/or endorsements that added to a policy after the date of issue that reduces, restricts, or eliminates benefits in the policy will require signed acceptance. Also, where a separate premium is charged for a rider or endorsement, the premium will be set forth in the policy, rider, or endorsement.
Disclosures		
	§ 38.2-5207	The statute requires that an outline of coverage be provided to the insured. The statute also specifies the information that should be included in the outline.
	§ 38.2-5207 4	A tax-qualified plan must be definitively identified as such.
Rates		
	§ 38.2-5206	
	14 VAC 5-200-150	The regulation specifies the expected loss ratio.
	14 VAC 5-130-60 A and 130-60 B	The regulation specifies rate filing and actuarial memorandum requirements.

Access to Administrative Code, Administrative Orders, Regulations and Laws is available at
<http://www.state.virginia.gov/secretary/secretaryweb/openadmtitles.htm>

The Life and Health Division, Forms and Rates Section handles individual long-term care insurance. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE

I hereby certify that I have reviewed the attached individual long-term care filing and determined that it is in compliance with the individual long-term care checklist.

Signed: Tammy Smasal

Name (please print): Tammy Smasal

Company Name: Allianz Life Insurance Company of North America

Date: May 21, 2003 Phone No: 800/328-5601 Ext. 32804 FAX No: 763/582-6495

E-Mail Address: tammy smasal@allianzlife.com

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

General Filing Requirements		
Transmittal Letter	14 VAC 5-100-40	Must be submitted in duplicate for each filing, describing each form, its intended use and kind of insurance provided.
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both. (Our system limits the number of characters to 20, including spaces, commas, hyphens, etc.)
	14 VAC 5-100-40 2	Must clearly indicate if forms are replacements, revisions, or modifications of previously approved forms and describe the exact changes that are intended.
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.
	14 VAC 5-100-40 5	Description of market for which the form is intended.
	14 VAC 5-100-40 6	At least one copy of each form must be included in the filing. A duplicate copy of forms must be submitted if the company wants a "stamped" copy of forms for its records. A stamped self-addressed return envelope is required. The letter of transmittal must be addressed to, State Corporation Commission, Bureau of Insurance, P. O. Box 1157, Richmond, VA 23218.
	Administrative Letter 1983-7	Must include the name and individual NAIC number of the company for which the filing is made.
Forms		
Form number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.
Company name & address	14 VAC 5-100-50 2	Full and proper corporate name (including "Inc.") must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.
Final form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in "John Doe" fashion to indicate its intended use.
Application	14 VAC 5-100-50 4	Any policy, which is to be issued with an attached application, must be filed with a copy of the application completed in "John Doe" fashion to indicate its intended use. (If application was previously approved, advise date of approval.)
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point type. All other forms must be printed with type size of at least eight-point.
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.
Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define "Insurance Fraud". Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.

Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

Parties to contract must be named. (Provide for name of issuer, applicant(s), policyowner.)	§ 38.2-305 A 1	
No form should contain any statement or question, which has the potential or capacity to encourage misrepresentation.	§ 38.2-316 D 3	
Can't use Medicaid status as an insurability factor.	§ 38.2-508.3	
Any questions regarding prior adverse underwriting decisions must also inquire as to the reason for the adverse underwriting decisions.	§ 38.2-611	
Certification by applicant and agent required with signature lines.	§ 38.2-3402	
The disclosures contained therein must appear in all direct response applications whenever applicable.	14 VAC 5-90-60 C 3	
Specific provisions for payroll or pension deduction plan.	14 VAC 5-200-65 A 2	
Provides for listing of medications when applicable.	14 VAC 5-200-80 B 1	
Caution notice near applicant's signature.	14 VAC 5-200-80 C 1	
Questions for applicant.	14 VAC 5-200-110 A	
Statements for agents.	14 VAC 5-200-110 B	
Long-term care insurance personal worksheet must accompany application.	14 VAC 5-200-175 C 2	
Privacy disclosures requirements (when applicable)		
The notice shall state whether personal information may be collected from persons other than an individual proposed for coverage.	§ 38.2-604 B 1	
The notice must specify the types of personal information that will be collected and the types of sources and investigative techniques that may be used.	§ 38.2-604 B 2	
The notice must specify the types of disclosures identified in § 38.2-613 and the circumstances under which disclosures may be used without prior authorization.	§ 38.2-604 B 3	
The notice must contain a description of the rights established under §§ 38.2-608 and 38.2-609 and the manner in which those rights may be exercised.	§ 38.2-604 B 4	
The notice must disclose that information obtained by the insurance-support organization may be retained by them and disclosed to other persons.	§ 38.2-608	
Personal information may be collected from persons other than an individual proposed for coverage.	§ 38.2-609	
Information, as well as other personal or privileged information, in certain circumstances, may be disclosed to third parties without authorization.	§ 38.2-604 B 5	
A right of access and correction exists with respect to all personal information collected.	§ 38.2-604 C 1	
The notice prescribed in § 38.2-604 B will be furnished to the applicant or policyholder upon request.	§ 38.2-604 C 2	
	§ 38.2-604 C 3	
	§ 38.2-604 C 4	
	§ 38.2-604 B	

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

Section	Requirement	Comments
Authorization form contents	§ 38.2-606 1	The authorization must be written in plain language.
	§ 38.2-606 2	The authorization must be dated.
	§ 38.2-606 3	The authorization must specify the types of persons authorized to disclose information about the individual.
	§ 38.2-606 4	The authorization must specify the nature of the information authorized to be disclosed.
	§ 38.2-606 5	The authorization must identify the insurance institution and by generic reference representatives of the insurance institution to whom the individual is authorizing information to be disclosed.
	§ 38.2-606 6	The authorization must specify the purpose(s) for which the information is collected.
	§ 38.2-606 7	The authorization must specify the length of time such authorization shall remain valid.
	§ 38.2-606 8	The authorization must advise the individual or a person authorized to act on behalf of the individual that the individual or the individual's authorized representative is entitled to receive a copy of the authorization form.
Investigative consumer reports	§ 38.2-607 A 1	The authorization must state that the individual may request to be interviewed in connection with the preparation of the report.
	§ 38.2-607 A 2	The authorization must state that upon a request, pursuant to § 38.2-608, the individual is entitled to receive a copy of the report.

Access to Administrative Orders, Administrative Orders Regulations and Laws is available at
<http://www.state.va.us/oea/webpages/actadminrules.htm>

The Life and Health Division, Forms and Rates Section handles individual long-term care applications. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

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Review Requirements Checklist
INDIVIDUAL LONG-TERM CARE APPLICATIONS

I hereby certify that I have reviewed the attached individual long-term care application filing and determined that it is in compliance with the individual long-term care checklist.

Signed: *Tammy Smasal*

Name (please print): Tammy Smasal

Company Name: Allianz Life Insurance Company of North America

Date: May 21, 2003 Phone No: 800/328-5601 Ext. 32804 FAX No: 763/582-6495

E-Mail Address: tammy_smasal@allianzlife.com

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Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]



TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

This Contract is intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

We promise to pay the benefits described in this Contract, subject to all of its provisions. We make this promise and issue this Contract in consideration of the statements made in your signed application and your payment of the initial premium.

Renewal Conditions **THIS QUALIFIED LONG TERM CARE INSURANCE CONTRACT IS GUARANTEED RENEWABLE.** To renew this Contract, you must pay the premium due by the premium due date or within the Grace Period or Unintended Lapse Protection extension. We cannot refuse to renew this Contract if the premium is paid on time. Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for this Contract only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Thirty Day Review Period You may return this Contract within 30 days after receiving it if you are dissatisfied for any reason. You may return it to the agent from whom it was purchased or the Company. We will void this Contract and mail a refund of the premium you paid within 10 days of receipt.

Read This Contract Carefully It is a legal contract between you and the Company.

Notice to Buyer This Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

This Contract is Not a Medicare Supplement Contract If you are eligible for Medicare, you may request the Guide to Health Insurance for People with Medicare available from us.

Check Your Application **Caution – This Contract may not apply when you have a claim! Please read! The issuance of this long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application is attached. If your responses are incorrect or untrue, we may deny benefits or rescind this Contract, subject to the Incontestability provision under the General Policy Provisions section. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at [5701 Golden Hills Drive, Minneapolis, MN, 55416-1297 or 800/729-8505].**

Effective Date This Contract begins at 12:01 AM on the Effective Date shown on the Policy Schedule. This Contract ends at 12:01 AM according to the terms of this Contract.

Signed for the
Company at Its
Home Office on the
Date of Issue

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

GUIDE TO POLICY BENEFITS AND PROVISIONS

A summary of your benefits follows. Please refer to the Policy Schedule for a list of the Riders which provide you with additional benefits.

Claim Procedures	14, 15
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Limitations and Exclusions	18
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Termination	10, 17
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GENERAL POLICY PROVISIONS

**Entire Contract;
Changes**

The Entire Contract consists of this policy, the attached copy of the application, any attached Endorsements, and any attached Riders. We have issued this Contract in consideration of the application and initial premium. All statements made by you are considered representations and not warranties. Only our President together with our Secretary have the authority to make any changes in this Contract. No agent has authority to change this Contract or waive any of its provisions. Any Rider, Endorsement, or application which modifies, limits, or excludes coverage under this Contract must be in writing and signed by you, the insured, to be valid, except for those modifications required by law.

Incontestability

We issued this Contract based on the information you provided in the application. Any misrepresentation may cause this Contract to be voided or rescinded, or a claim to be denied.

If this Contract has been In Force for less than 6 months, upon a showing of misrepresentation that is material to the acceptance of coverage, we may rescind this Contract or deny an otherwise valid claim on this Contract.

If this Contract has been In Force for at least 6 months, but less than 2 years, upon a showing of misrepresentation that is both material to the acceptance of coverage and that pertains to the condition for which benefits are sought, we may rescind this Contract or deny an otherwise valid claim on this Contract.

After this Contract has been In Force for 2 years, it is not contestable upon the grounds of misrepresentation alone. After 2 years, this Contract may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

**Conformity with State
Laws**

Any provision of this Contract which, on its Effective Date, conflicts with the laws of the state in which you reside on that date is amended to conform to the minimum requirements of those laws.

Misstatement of Age

If your age was understated on the application, we will pay only such benefits as the premium paid would have purchased at the correct age. If your age was overstated on the application, we will refund any excess premium paid when we have been notified of this fact. Our liability is limited to refunding premium paid, if according to the correct age, this Contract would not have been issued.

DEFINITIONS

This section provides the meaning of special terms used throughout this Contract. Most of these terms are capitalized throughout this Contract to help you easily recognize them. Provision titles, section titles and terms used on the Policy Schedule are also capitalized for your convenience.

We, Our, Us or the Company	Allianz Life Insurance Company of North America (whether these terms are capitalized or not).
You, Your or Yourself	The person who is insured under this Contract, as shown on the Policy Schedule, and is solely entitled to exercise all rights of this Contract (whether these terms are capitalized or not).
Activities of Daily Living, ADLs	See the Eligibility for the Payment of Benefits section.
Adult Day Care	<p>A program of services that includes:</p> <ul style="list-style-type: none">• care for six or more individuals;• health-related services;• Maintenance or Personal Care Services; and• recreational and social services provided during the day in a community group setting. <p>The purpose of such a program is to support frail, impaired, elderly, or other disabled adults who are not capable of full-time independent living, but do not require 24-hour institutional care and can benefit from care in a group setting outside the Home.</p>
Assisted Living Facility	<p>A facility licensed or certified with the appropriate state agency to provide the care described below, or, if not licensed or certified, a facility which is engaged primarily in providing ongoing care and related services in one location, and which meets all of the following criteria:</p> <ul style="list-style-type: none">• has at least one trained staff member on duty 24 hours per day;• provides continuous room and board;• provides Maintenance or Personal Care Services required by residents due to their inability to perform the Activities of Daily Living or due to a Severe Cognitive Impairment;• has formal arrangements for the services of a Physician or RN in case of an emergency; and• has formal procedures in place to manage all medical emergencies and medical needs, including the handling and dispensing of prescription and non-prescription drugs and medical treatments. <p>Assisted Living Facilities do not include Hospitals or facilities otherwise excluded in this Contract.</p>
Beneficiary	The person or persons or entity named on the application, if any, unless later changed in writing; or the person or persons or entity designated as such in a written notice to us. The Beneficiary, or your estate if no Beneficiary has been designated, will receive any unassigned benefit payments, unearned premium, or any Rider benefits due upon your death.
Benefit Period	The Benefit Period is shown on the Policy Schedule.

DEFINITIONS

Cancel, Cancelled, or Cancellation	The Termination of this Contract, per your written request. Cancellation is effective upon receipt of such request or on such later date specified in the request.
Chronically Ill, Chronic Illness	See the Eligibility for the Payment of Benefits section.
Class	A population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.
Contract	This policy, the attached copy of the application, any attached Endorsements, and any attached Riders are the Contract.
Effective Date	The date when coverage starts under this Contract. It is shown on the Policy Schedule. This date determines Policy Anniversaries and Policy Years.
Elimination Period	<p>The period of time that must be satisfied before we will pay you benefits and is the number of days in which you:</p> <ul style="list-style-type: none">• must be Chronically Ill;• are receiving care in either a Nursing Facility or Assisted Living Facility, or are receiving Home and Community Care; and• are not receiving Benefit Payments under this Contract. <p>The Elimination Period is shown on the Policy Schedule. Each day of covered services under this Contract counts toward the Elimination Period. The Elimination Period must only be satisfied once in your lifetime.</p>
Endorsement	An attachment to this policy that may provide an additional benefit or amend this Contract.
Facility Care	Care provided to you in a Nursing Facility or an Assisted Living Facility.
Facility Care Daily Benefit	The dollar amount elected by you and shown on the Policy Schedule.
Home	Any place where you reside. A Home is not a Nursing Facility, Assisted Living Facility, Alzheimer's facility, hospice facility, or Hospital.
Home and Community Care	A program of services provided to you through Adult Day Care, Home Health Care, or Hospice Care.
Home and Community Care Daily Benefit	The dollar amount elected by you and shown on the Policy Schedule.
Home Health Aide	A person, other than an RN or nurse, who provides Maintenance or Personal Care Services under the supervision of a Home Health Care Agency. A Home Health Aide must be duly licensed or certified under state law, if any; and acting within the scope of his or her license or certification at the time the treatment or service is performed.

DEFINITIONS

Home Health Care	A program of medical and nonmedical services provided to ill, disabled, or infirm persons in their Home through a Home Health Care Agency. This includes professional nursing care by or under the supervision of an RN or nurse, care by a Home Health Aide, therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any, or incidental Homemaker Services.
Home Health Care Agency	A Hospital, agency, or other provider licensed, certified, or accredited under state law, if such licensing or accreditation is required, to provide Home Health Care.
Homemaker Services	<p>Services or assistance with activities that are necessary to support your ability to remain in your Home, including assisting you with using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, doing your laundry, and light housekeeping. Such services must be:</p> <ul style="list-style-type: none">• outlined in the Plan of Care;• performed by the same individual providing Maintenance or Personal Care Services;• incidental to the Maintenance or Personal Care Services; and• provided during the same visit.
Hospital	<p>An institution or facility that is:</p> <ul style="list-style-type: none">• licensed as a Hospital by the proper authority of the state in which it is located; or• accredited as a Hospital by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or• operated as a Hospital pursuant to law.
Hospice Care	Services provided in the event that you are diagnosed with a terminal disease. Hospice Care helps you, your primary caregiver and your family member(s) with the physical, social, and spiritual needs brought about by your terminal illness.
Immediate Family Member	Includes your spouse; and your spouse's or your: daughter, daughter-in-law, son, son-in-law, parent, sister, brother, grandparent or grandchild.
In Force	The period between the Effective Date and Termination of this Contract.
Informal Caregiver	Any person designated by you to assist in the proper use and care of a therapeutic device or caregiving procedure. A person who is paid to care for you under this Contract cannot be an Informal Caregiver.
Lapse, Lapses, or Lapsed	Termination of this Contract due to insufficient premium payment. Refer to the Grace Period and Unintended Lapse Protection provisions under the Policy Administration section.
Licensed Health Care Practitioner	<p>A person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, or a Licensed Social Worker.</p> <p>The Licensed Health Care Practitioner must not be an Immediate Family Member.</p>

DEFINITIONS

Licensed Social Worker	<p>A person who is licensed by the state, if required, and acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.</p> <p>We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under this Contract.</p>
Loss of Functional Capacity	<p>The inability to perform the prescribed ADLs without the Substantial Assistance of another person.</p>
Maintenance or Personal Care Services	<p>Services provided primarily to give needed assistance to you as a result of your being Chronically Ill. "Personal care" means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. "Maintenance" means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment.</p>
Maximum Lifetime Benefit	<p>The total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by this Contract. The Maximum Lifetime Benefit is shown on the Policy Schedule. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365.</p>
Medicare	<p>The program under the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 and any later amendments or substitutes thereof.</p>
Nursing Facility	<p>A facility or institution, either separate or a distinct part of another health care facility, other than a Hospital, which is licensed or certified by the appropriate state agency to provide the following such care as described:</p> <ul style="list-style-type: none">• provides an organized, 24-hour program of services consistent with the needs of its residents under the supervision of a Physician;• provides medical and nursing services, as needed, under the supervision of a Physician or RN; and• maintains a daily medical record on each patient. <p>Nursing Facility does not include:</p> <ul style="list-style-type: none">• convalescent homes, board and rest homes, homes for aged, residential care facilities, domiciliary and retired care facilities, or training centers; or• government or veterans' facilities or any other facility where the patient is not required to pay.
Physician	<p>A person who:</p> <ul style="list-style-type: none">• is licensed to practice medicine and surgery and prescribe and administer drugs;• is legally qualified as a medical practitioner and required to be recognized, under this Contract for insurance purposes, according to applicable state insurance laws; or• meets the requirements of section 1861(r)(1) of the Social Security Act. <p>We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under this Contract.</p>

DEFINITIONS

Plan of Care	A written plan prescribed by a Licensed Health Care Practitioner developed in consultation with you, based upon an assessment indicating that you are Chronically Ill. The Plan of Care should recommend the frequency and type of Qualified Long Term Care Services most suitable to meet your need for Substantial Assistance or Substantial Supervision, and the most appropriate providers for such services. A Plan of Care must be confirmed in writing at least annually, or as often as reasonably necessary when changes to your Chronic Illness necessitate revisions to the Plan of Care to ensure your needs continue to be appropriately met. All Qualified Long Term Care Services covered under this Contract must be consistent with the Plan of Care.
Policy Anniversary	The day and month that corresponds to the day and month of the Effective Date that occurs on the same day and month in a specified year. The Effective Date is shown on the Policy Schedule.
Policy Schedule	The Policy Schedule shows specifics concerning Policy Benefits, Rider Benefits, Endorsement Benefits, Cost of Benefits, Premium Summary, and General Benefit Information.
Policy Year	The period starting on a Policy Anniversary and ending on the day before the next Policy Anniversary. This is prior to Termination of this Contract.
Qualified Long Term Care Services	Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services, which are required by a Chronically Ill individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.
Registered Professional Nurse, RN	<p>A duly licensed registered nurse acting within the scope of his or her license at the time the treatment or service is performed.</p> <p>We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under this Contract.</p>
Reinstate, Reinstated, or Reinstatement	To restore coverage after this Contract has Lapsed or as described in the Reinstatement provision under the Policy Administration section.
Renewal Premium	The Total Modal Premium due, based on the Mode of Payment, to keep this Contract In Force. The Total Modal Premium and the Mode of Payment are shown on the Policy Schedule.
Respite Care	Short term Maintenance or Personal Care Services to relieve an Informal Caregiver who is providing care to you in your Home.
Rider	An attachment to this policy that provides an additional benefit.
Severe Cognitive Impairment	See the Eligibility for the Payment of Benefits section.
Substantial Assistance	Hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person.

DEFINITIONS

Substantial Supervision	Requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.
Termination, Terminate, Terminates, or Terminated	The date on which coverage under this Contract ends. Refer to the Termination provision under the Policy Administration section.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Benefit Payments	Once you meet the Eligibility for Benefits and Limitations or Conditions on Eligibility for Benefits provisions below, we will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred.
Eligibility for Benefits	To be eligible for the benefits shown on the Policy Schedule and in this Contract, you must be Chronically Ill. You must provide proof of such Chronic Illness as shown in the Claim Procedures section.
Limitations or Conditions on Eligibility for Benefits	<p>To be eligible for Benefit Payments, you must meet the Eligibility for Benefits provision above, in addition to the following:</p> <ul style="list-style-type: none">• this Contract must be In Force;• you must have satisfied the Elimination Period; and• you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.
Chronically Ill, Chronic Illness	<p>You are Chronically Ill if you have been certified, within the previous 12 months, by a Licensed Health Care Practitioner as:</p> <ul style="list-style-type: none">• being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days due to a Loss of Functional Capacity; or• requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.
Activities of Daily Living, ADLs	<p>ADLs are the following:</p> <ul style="list-style-type: none">• Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.• Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.• Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.• Eating. Feeding yourself by getting food into your body from a receptacle (such as a plate, cup or table), or by feeding tube or intravenously.• Toileting. Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.• Transferring. Moving into or out of a bed, chair, or wheelchair.
Severe Cognitive Impairment	<p>The deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:</p> <ul style="list-style-type: none">• short or long term memory;• orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year);• judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or• deductive or abstract reasoning. <p>Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.</p>

GENERAL BENEFIT INFORMATION

Benefits End	<p>Benefit Payments will end if we do not receive Continued Proof of Loss or on the earliest of:</p> <ul style="list-style-type: none">• the date on which you are no longer Chronically Ill;• the date this Contract Terminates; or• the date the certification that you are Chronically Ill from your Licensed Health Care Practitioner expires.
Facility Care Benefit	<p>If you are eligible for Benefit Payments and are confined in a Nursing Facility or an Assisted Living Facility, we will pay up to the Facility Care Daily Benefit for each day of care received in the Nursing Facility or Assisted Living Facility. All benefits paid under the Facility Care Benefit accumulate toward the Maximum Lifetime Benefit.</p>
Home and Community Care Benefit	<p>If you are eligible for Benefit Payments, we will pay up to the Home and Community Care Daily Benefit for covered Home and Community Care (Adult Day Care, Home Health Care, and Hospice Care) you receive, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital. All benefits paid under the Home and Community Care Benefit accumulate toward the Maximum Lifetime Benefit; however, the maximum daily amount of benefits accumulated will not exceed the Facility Care Daily Benefit amount.</p>
Alternative Plan of Care Benefit	<p>The Alternative Plan of Care Benefit provides benefits for services which may include: equipment purchases or rentals; permanent or temporary modifications to your Home (such as ramps or rails); or care services not normally covered under other benefit provisions in this policy. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.</p> <p>We will pay the Alternative Plan of Care Benefit if:</p> <ul style="list-style-type: none">• you meet the Eligibility for Benefits provision;• you, your Licensed Health Care Practitioner, and we agree the Alternative Plan of Care Benefit is: (a) medically acceptable; and (b) the most cost efficient manner in which to provide benefits for your claim under this Contract;• you have not exhausted the Maximum Lifetime Benefit; and• you agree that you will not receive payments for any other benefits under this Contract while the Alternative Plan of Care Benefit is being paid, unless otherwise agreed to by you and us. <p>If the Elimination Period has not been satisfied, the remaining days needed to satisfy the Elimination Period will be multiplied by the Facility Care Daily Benefit and subtracted from the amount payable for the Alternative Plan of Care Benefit. All benefits paid under the Alternative Plan of Care Benefit accumulate toward the Maximum Lifetime Benefit.</p>
Bed Reservation Benefit	<p>If you are eligible for Benefit Payments, we will continue to pay the Facility Care Daily Benefit as if you were still confined in the Nursing Facility or the Assisted Living Facility if you:</p> <ul style="list-style-type: none">• become hospitalized or temporarily leave the Nursing Facility or the Assisted Living Facility; and• are billed by the Nursing Facility or the Assisted Living Facility to reserve your accommodations. <p>All benefits paid under the Bed Reservation Benefit accumulate toward the Maximum Lifetime Benefit. This benefit is payable for a maximum of 60 days per calendar year.</p>

GENERAL BENEFIT INFORMATION

Caregiver Training Benefit

If you meet the Eligibility for Benefits provision, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit) shown on the Policy Schedule for expenses incurred for an Informal Caregiver to receive training to take care of you in your Home.

All benefits paid under the Caregiver Training Benefit accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Respite Care Benefit

If you meet the Eligibility for Benefits provision, we will pay Respite Care Benefits for:

- the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Facility Care Daily Benefit; or
- the actual expenses you incur for each day you receive Home and Community Care, up to the Home and Community Care Daily Benefit.

All benefits paid under the Respite Care Benefit accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Nursing Facility Recovery Benefit

This Contract is paid up if:

- Facility Care Daily Benefits are paid for at least 12 continuous months, due to a confinement in a Nursing Facility; and
- You are no longer Chronically Ill.

Waiver of Premium Benefit

If you are eligible for Benefit Payments and the Elimination Period has been satisfied, we will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Care Coordination Advisor Benefit

If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under this Contract. This service will not accumulate toward the Maximum Lifetime Benefit.

CLAIM PROCEDURES

This section describes our claims process and how to file a claim. We will evaluate your claim based upon the information you provide us and other information we gather about your claim.

Notice of Claim

You, or someone acting on your behalf, must give us Notice of Claim for benefits within 30 days after the date of loss, or as soon as reasonably possible.

Write or call us at the address or telephone number shown on the first page of this policy to notify us of your claim. In order to sufficiently identify you, the written notice should include your name, policy number, and the address to which the Claim Form should be sent. It should be mailed to us at our Home Office, at the address shown on the first page of this policy.

Claim Form

We, upon receipt of Notice of Claim, will send you a Claim Form within 15 days to use in filing the Proof of Loss or if needed to determine Continued Proof of Loss. By completing all the items on the Claim Form and sending the required information to the address on the form, you will help us to expedite the processing of your claim.

If you, or anyone acting on your behalf, do not receive our Claim Form within 15 days of notifying us, you may file the Proof of Loss without our Claim Form by sending us a letter which describes the character and extent of your Chronic Illness within the time limit stated in the below Proof of Loss provision.

Proof of Loss

You will be considered to have provided Proof of Loss when we receive a Claim Form or a letter (as described in the Claim Form provision above) with any applicable statements and bills for covered care services which include the date, nature, and charges for all services.

Proof of Loss for a continuing loss for which we provide periodic payment must be sent to us within 90 days after the end of each period for which we are liable. Proof of Loss for any other loss must be sent to us within 90 days after the date of such loss. If it is not possible to give us timely Proof of Loss, we will not reduce or deny your claim if Proof of Loss is filed as soon as you reasonably can provide the information to us. Unless you are not legally capable, the required Proof of Loss must be given to us no later than one year from the date Proof of Loss would have otherwise been required.

In order to verify that you are eligible for Benefit Payments, one or more of the following, relating to your Chronic Illness, may also be required at our expense:

- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in your care; and
- any other such proof, as we may deem necessary.

Continued Proof of Loss

Once we have verified that you are eligible for Benefit Payments, you must submit statements and bills for covered care services each month. We will request, at least annually or as often as reasonably necessary, a completed supplemental Claim Form, which will include a request for an updated Plan of Care. The information submitted on a monthly basis and the information requested at least annually is subject to the time limits stated in the above Proof of Loss provision. At our expense, we may also require one or more of the following:

- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in your care; and
- any other such proof, as we may deem necessary.

CLAIM PROCEDURES

Time of Payment of Claims	Benefits will be paid immediately after we receive and verify Proof of Loss or Continued Proof of Loss, and will continue until the Maximum Lifetime Benefit is exhausted. If we do not pay benefits upon receipt of written Proof of Loss, we will provide timely notice to you in writing to explain our reasons for not paying the claim, either in whole or in part. The letter will also provide you with a written itemization of any documents or other information needed to process the claim or any portion(s) not paid.
Payment of Claims	All benefits are paid to you or your assignee. Any benefits unpaid at your death will be paid to your Beneficiary.
Overpayment of Claims	If, for any reason, benefits have been overpaid, you have the responsibility to return any overpayments. We have the right to recover by offsetting against any amounts otherwise payable to you under this Contract.
Unpaid Premium	Any premium due and unpaid will be deducted from the claim payment when the claim is paid.
Physical Examination	<p>We, at our expense, have the right to have you examined to determine your Eligibility for Benefits when and as often as reasonably necessary during the pendency of a claim.</p> <p>We, at our expense, may also require a personal interview with you or an assessment of you, relating to your Chronic Illness, in order to verify that you are eligible for Benefit Payments.</p>
Claim Appeal Procedure	<p>If you believe that our claim decision is in error, you may appeal our decision and we will reconsider your claim. Send us a written request (no special form is required) explaining why you feel we should change our decision. Your written request must be submitted within 60 days, or as soon as reasonably possible, of your receipt of the explanation of benefits of your claim. You may authorize someone else to act for you in this process.</p> <p>Your written request should include your name and policy number as well as the names, addresses and telephone numbers of any persons or organizations you believe we should contact to learn more about the claim under reconsideration.</p> <p>Once we have completed our review, we will notify you immediately of our decision. We will pay you any benefits we determine to be due to you as a result of our reconsideration. This notification will be sent to you no later than 30 days after receipt of your written request for appeal. If we require more than 30 days, we will notify you of the reasons for the delay. Our final decision on your appeal does not prevent you from taking further action.</p>
Legal Action	No Legal Action may be brought to recover benefits under this Contract within 60 days after Proof of Loss has been given. No action may be brought more than 3 years after the time Proof of Loss is required to be given.
Payor of Last Resort	The Department of Medical Assistance will be the Payor of Last Resort.

POLICY ADMINISTRATION

This section describes premium payment requirements and Reinstatement of this Contract should it Lapse.

Paying Premiums	Renewal Premiums are due at the beginning of each Mode of Payment interval from the Effective Date. Payments are to be made to us. You may change the Mode of Payment if you notify us.
Grace Period	This Contract has a 30-day Grace Period. This means that if a Renewal Premium is not paid on or before the date it is due, it may be paid during the following 30 days. This Contract will stay In Force during the Grace Period.
Unintended Lapse Protection	<p>You have the right to elect a third party designee for us to notify before this Contract Terminates due to nonpayment of premium.</p> <p>30 days after the Renewal Premium is due and unpaid, we will mail, by postage paid, first-class US mail, at the end of the Grace Period, a notice to you and your third party designee, if elected, stating that this Contract is about to Lapse. Notice is considered to have been given as of 5 days after the date of mailing. You have an additional 30 days beyond the date this notice was given to pay your premium. During this 30-day extension, this Contract is In Force. To keep this Contract In Force with no gap in coverage, you must pay your premium within this 30-day extension period. If your premium remains unpaid, this Contract will Terminate.</p>
Reinstatement	<p>If this Contract Lapses, you may request to Reinstatement this Contract, within 5 months of the date of Lapse, by submitting an application to determine your eligibility for Reinstatement. You will be given a conditional receipt for any premium submitted with the application. If we do not approve your application, we will notify you in writing within 45 days from the date of your application and refund any premium that was submitted with the application. If we do not notify you within 45 days of our approval, this Contract will be Reinstated on the 45th day after the date of the conditional receipt. Your coverage will be Reinstated, subject to evidence of insurability and receipt of all past due and unpaid premiums.</p> <p>This Contract will be Reinstated as of the last premium due date if we approve your application for Reinstatement and all premiums due are received. The Reinstated Contract will cover only loss due to an injury sustained after the date of Reinstatement and loss due to a sickness that begins more than 10 days after the Reinstatement. In all other aspects, your rights and ours will be the same as before this Contract Terminated, subject to any provisions endorsed or attached in connection with the Reinstatement.</p>
Reinstatement due to Chronic Illness	<p>If this Contract Lapses due to nonpayment of premium due to a Chronic Illness that began before Lapse, you may request to Reinstatement this Contract, within 5 months of the date of Lapse, by submitting:</p> <ul style="list-style-type: none">• proof of such Chronic Illness, certified by a Licensed Health Care Practitioner; and• payment of all past due premiums. <p>If we Reinstatement this Contract after nonpayment of premium due to Chronic Illness:</p> <ul style="list-style-type: none">• the Reinstatement will not require any evidence of insurability.• there will be no gaps in coverage. Coverage will be a continuation of that provided prior to Reinstatement. This provision does not apply if this Contract has been Terminated due to any reason other than Lapse due to Chronic Illness.• premium is due from the date of the last premium payment, at the rate which would have been in effect had this Contract remained In Force. Payment must be made within 15 days of our written request to you.

POLICY ADMINISTRATION

Extension of Benefits	<p>Benefit Payments will be paid after Termination if:</p> <ul style="list-style-type: none">• you become Chronically Ill while this Contract is In Force; and• your Chronic Illness continues without interruption after Termination. <p>Benefit Payments are limited to the benefits payable under this provision and are subject to all other provisions of this Contract.</p>
Termination	<p>This Contract will Terminate and your coverage will end on the earliest of:</p> <ul style="list-style-type: none">• the date you have exhausted the Maximum Lifetime Benefit;• the date this Contract Lapses due to nonpayment of premium;• the date this Contract is Cancelled by you; or• the date of your death.
Cancellation by Insured	<p>You may Cancel this Contract at any time by delivering or mailing written notice of Cancellation to us. Cancellation will be effective upon receipt of such notice or on such later date as may be specified in such notice. If this Contract is Cancelled, the following provisions do not apply: Grace Period, Unintended Lapse Protection, and Waiver of Premium Benefit. The Cancellation will be without prejudice to any claim originating prior to the effective date of such Cancellation.</p>
Return of Unearned Premium Upon Death	<p>Upon your death, we will return any unearned premium for this Contract to your Beneficiary on a pro-rata basis. We will return this unearned premium within 30 days of receipt of proof of your death.</p>
Return of Unearned Premium Upon Cancellation or Termination	<p>In the event that this Contract is Cancelled by you or Terminated by us, we will return any unearned premium for this Contract to you on a pro-rata basis. We will return this unearned premium within 30 days of the effective date of such Cancellation or Termination.</p> <p>The effective date of the Cancellation is the later of:</p> <ul style="list-style-type: none">• the date which you request the Cancellation in writing; or• the date we receive your written request to Cancel this Contract in our Home Office.
Change of Beneficiary	<p>You may change the Beneficiary at any time by giving us written notice. A change will not be effective until recorded by us. Once recorded, the change will apply as of the date the request was signed. We will not be liable for any action taken or payment made before a Beneficiary change is recorded. The Beneficiary's consent is not required to change this Contract or the Beneficiary, unless the designation of the Beneficiary is irrevocable.</p>
Duplicate Contract	<p>If you have misplaced this Contract and wish to request a duplicate copy, you will be assessed a fee of up to \$[25].</p>

LIMITATIONS AND EXCLUSIONS

This section tells you under what circumstances benefits are not payable even if you would otherwise qualify for benefits under this Contract.

Limitations and Exclusions

No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, a riot or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.
- provided outside the fifty United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

Allianz Life Insurance Company of North America
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297]
[800/729-8505]

TAX-QUALIFIED LONG TERM CARE INSURANCE POLICY

Allianz Life Insurance Company of North America
[Home Office: Minneapolis, MN]
[5701 Golden Hills Drive
Minneapolis, MN 55416-1297
800/729-8505]



OUTLINE OF COVERAGE FOR LONG TERM CARE INSURANCE POLICY FORM 10-P-Q-VA

THE CONTRACT IS INTENDED TO QUALIFY FOR FAVORABLE FEDERAL TAX TREATMENT.

As such, it must meet certain federal standards, in addition to all applicable standards in the state in which the Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of the Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

CAUTION: The Contract may not apply when you have a claim! Please read! The issuance of the long term care insurance Contract is based upon your responses to the questions on your application. A copy of your application will be attached to the policy. If your responses are incorrect or untrue, we may have the right to deny benefits or rescind the Contract, subject to the policy's Incontestability provision. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your responses are incorrect, write or call us at the address or telephone number shown above.

NOTICE TO BUYER: The Contract may not cover all of the costs associated with long term care incurred by you during the period of coverage. You are advised to carefully review all limitations.

The Contract is an individual Contract of insurance.

Purpose of Outline of Coverage - This outline of coverage provides a very brief description of the important features of the Contract. You should compare this outline of coverage to outlines of coverage for other contracts available to you. This is not an insurance contract, but only a summary of coverage. Only the individual Contract contains governing contractual provisions. This means that the Contract sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ THE CONTRACT CAREFULLY!**

Terms Under Which the Contract May Be Returned and Premium Refunded - If you are not satisfied with the Contract, you have 30 days to return it to us or the agent from whom it was purchased for a full refund of any premium you have paid. Upon your death, we will return any unearned premium for the Contract to your

Beneficiary, or to your estate if no Beneficiary has been designated, on a pro-rata basis. We will return this unearned premium within 30 days of receipt of proof of your death. If the Contract is Cancelled by you or Terminated by us, after 30 days, any unearned premium will be returned to you on a pro-rata basis. We will return this unearned premium within 30 days of the effective date of such Cancellation or Termination.

This Is Not Medicare Supplement Coverage - If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from us. Neither Allianz Life Insurance Company of North America nor its agents represent Medicare, the federal government, or any state government.

Long Term Care Coverage - Contracts of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting,

other than an acute care unit of a Hospital, such as in a Nursing Facility, in the community, or in the Home. The Contract provides coverage for Qualified Long Term Care Services, subject to Contract provisions, limitations, exclusions, and the Elimination Period.

BENEFITS PROVIDED BY THE POLICY

Covered Care - The Contract provides benefits for Qualified Long Term Care Services. This includes Facility Care provided in a Nursing Facility or an Assisted Living Facility and Home and Community Care, which provides benefits for Adult Day Care, Home Health Care, and Hospice Care. Benefits are also provided for Bed Reservation, Caregiver Training, Respite Care, Nursing Facility Recovery, Care Coordination Advisor, and an Alternative Plan of Care.

Elimination Period - This is the period of time that must be satisfied before benefits become payable under the Contract and is the number of days in which you: must be Chronically Ill; are receiving care in either a Nursing Facility or an Assisted Living Facility, or are receiving Home and Community Care; and are not receiving Benefit Payments under the Contract. You may choose an Elimination Period of 7, 30, 60, 90, or 180 days. Once you have satisfied the Elimination Period, no future Elimination Period is required. Days may be accumulated under separate claims in order to satisfy the Elimination Period.

Maximum Lifetime Benefit - This is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided by the Contract. The Maximum Lifetime Benefit is calculated as the Facility Care Daily Benefit times the Benefit Period (in years) times 365. The Facility Care Daily Benefit available ranges from \$100 to \$500 per day.

Facility Care Benefit - If you are eligible for Benefit Payments and are confined in a Nursing Facility or Assisted Living Facility, we will pay up to the Facility Care Daily Benefit elected on the application for each day of care received in the Nursing Facility or Assisted Living Facility.

Benefits paid accumulate toward the Maximum Lifetime Benefit. The Facility Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule.

Home and Community Care Benefit - If you are eligible for Benefit Payments, we will pay up to the Home and Community Care Daily Benefit elected on the application for covered Adult Day Care, Home Health Care, and Hospice Care, as long as you are not receiving Facility Care Benefits, and are not confined in a Hospital.

Home Health Care includes professional nursing care by or under the supervision of an RN or nurse; care by a Home Health Aide; therapeutic care services by or under the supervision of a speech, occupational, physical, or respiratory therapist licensed under state law, if any, or incidental Homemaker Services.

Benefits paid accumulate toward the Maximum Lifetime Benefit; however, the maximum daily amount of benefits accumulated will not exceed the Facility Care Daily Benefit amount. The Home and Community Care Daily Benefit and Maximum Lifetime Benefit are shown on the Policy Schedule.

Bed Reservation Benefit - If you are eligible for Benefit Payments, we will continue to pay the Facility Care Daily Benefit as if you were still confined in the Nursing Facility or Assisted Living Facility if you:

- become hospitalized or temporarily leave the Nursing Facility or Assisted Living Facility; and
- are billed by the Nursing Facility or Assisted Living Facility to reserve your accommodations.

Benefits paid accumulate toward the Maximum Lifetime Benefit. This benefit is payable for a maximum of 60 days per calendar year.

Caregiver Training Benefit - If you meet the Eligibility for Benefits provision, we will pay up to the Maximum Caregiver Training Benefit (five times the Facility Care Daily Benefit) shown on the Policy Schedule for expenses incurred for an Informal Caregiver to receive training to take care of you in your Home.

Benefits paid accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of caregiver training will not be used to satisfy the Elimination Period.

Respite Care Benefit - If you meet the Eligibility for Benefits provision, we will pay the actual daily charges you incur for each day of care received in a Nursing Facility or an Assisted Living Facility, up to the Facility Care Daily Benefit elected, or the actual expenses you incur for each day you receive Home and Community Care, up to the Home and Community Care Daily Benefit elected.

Benefits paid accumulate toward the Maximum Lifetime Benefit. The Elimination Period does not apply to this benefit and days of respite care will not be used to satisfy the Elimination Period. The Respite Care Benefit is payable for a maximum of 30 days per calendar year.

Nursing Facility Recovery Benefit - The Contract is paid up if Facility Care Daily Benefits are paid for at least 12 continuous months, due to a confinement in a Nursing Facility, and you are no longer Chronically Ill.

Care Coordination Advisor Benefit - If you choose, we will provide you with access to care management professionals who will work with you, your family member(s), and your Licensed Health Care Practitioner to determine and monitor your care, including assessment of your situation and investigation of available care resources. This may include assistance developing and monitoring a Plan of Care with you, your family member(s), and your Licensed Health Care Practitioner. This service is not required for you to obtain Benefit Payments under the Contract. This service will not accumulate toward the Maximum Lifetime Benefit.

Alternative Plan of Care Benefit - An Alternative Plan of Care Benefit is available, if agreed to by you, your Licensed Health Care Practitioner, and us.

The Alternative Plan of Care Benefit provides benefits for services which may include: equipment purchases or rentals; permanent or temporary modifications to your Home (such as ramps or rails); or care services not normally covered under

other benefit provisions. We reserve the right to make the final decision on any request for the Alternative Plan of Care Benefit.

Benefits paid accumulate toward the Maximum Lifetime Benefit.

ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Benefit Payments - Once you meet the Eligibility for Benefits and Limitations or Conditions on Eligibility for Benefits provisions, we will pay up to the Facility Care Daily Benefit or Home and Community Care Daily Benefit for actual expenses incurred. The Facility Care Daily Benefit and Home and Community Care Daily Benefit are shown on the Policy Schedule.

Eligibility for Benefits - To be eligible for benefits under the Contract, you must be Chronically Ill. You must provide proof of such Chronic Illness as shown in the Claim Procedures section of the policy.

Limitations or Conditions on Eligibility for Benefits - To be eligible for Benefit Payments, you must meet the Eligibility for Benefits provision in addition to the following:

- the Contract must be In Force;
- you must have satisfied the Elimination Period; and
- you must be receiving Qualified Long Term Care Services pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

IMPORTANT DEFINITIONS

Activities of Daily Living (ADLs) are the following:

- Bathing. Washing yourself by sponge bath, or in either a tub or shower, including the task of getting into or out of the tub or shower.
- Continence. The ability to maintain control of bowel and bladder function, or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag.

- Dressing. Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- Eating. Feeding yourself by getting food into your body from a receptacle (such as a plate, cup, or table), or by feeding tube or intravenously.
- Toileting. Getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- Transferring. Moving into or out of a bed, chair, or wheelchair.

Chronically Ill means you have been certified, within the previous 12 months, by a Licensed Health Care Practitioner as:

- being unable to perform without Substantial Assistance at least 2 ADLs and Substantial Assistance is expected to be required for a period of at least 90 continuous days due to Loss of Functional Capacity; or
- requiring Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment.

Class means a population segment with similar characteristics such as issue age, underwriting and rating classification, elected benefit options, or Elimination Period.

Licensed Health Care Practitioner is a person who is a Physician (as defined in section 1861(r)(1) of the Social Security Act), a Registered Professional Nurse, or a Licensed Social Worker.

Licensed Social Worker is a person who is:

- licensed by the state, if required; and
- acting within the scope of his or her professional responsibilities when providing an assessment indicating that you are Chronically Ill.

We will not recognize you or an Immediate Family Member as a Licensed Social Worker for claims that you make to us under the Contract.

Loss of Functional Capacity is the inability to perform the prescribed ADLs without the Substantial Assistance of another person.

Maintenance or Personal Care Services are services provided primarily to give needed assistance to you as a result of your being Chronically Ill. "Personal care" means the provision of hands-on services (Substantial Assistance) to assist you with the Activities of Daily Living. "Maintenance" means continual supervision (Substantial Supervision) to protect you from threats to health or safety due to a Severe Cognitive Impairment.

Physician is a person who:

- is licensed to practice medicine and surgery and prescribe and administer drugs;
- is legally qualified as a medical practitioner and required to be recognized as a Physician, under the Contract for insurance purposes, according to applicable state insurance laws; or
- meets the requirements of section 1861(r)(1) of the Social Security Act.

We will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license, and such tasks are appropriate to the care of your Chronic Illness. We will not recognize you or an Immediate Family Member as a Physician for claims that you make to us under the Contract.

Qualified Long Term Care Services are necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services and Maintenance or Personal Care Services, which are required by a Chronically Ill individual and provided pursuant to a Plan of Care prescribed by a Licensed Health Care Practitioner.

Registered Professional Nurse (RN) is a duly registered nurse acting within the scope of his or her license at the time the treatment or service is performed.

We will not recognize you or an Immediate Family Member as a Registered Professional Nurse for claims that you make to us under the Contract.

Severe Cognitive Impairment is the deterioration or loss of your intellectual capacity which is confirmed by a Physician and measured by clinical evidence and standardized tests that reliably measure your impairment in:

- short or long term memory;
- orientation as to people (such as who you are), places (such as where you are), or time (such as day, date and year);
- judgement as it relates to safety awareness, which requires supervision or verbal cueing by another person to protect yourself and others; or
- deductive or abstract reasoning.

Coverage is provided for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

Substantial Assistance means hands-on assistance without which you would not be able to safely and completely perform the ADL. Hands-on assistance means the physical assistance (minimal, moderate, maximal) of another person.

Substantial Supervision means requiring continual supervision by another person to protect you or others from threats to health or safety as a result of a Severe Cognitive Impairment. Such supervision may include cueing by verbal prompting, gestures, or other similar demonstrations.

LIMITATIONS AND EXCLUSIONS

Limitations and Exclusions - No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, in a riot, or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.

- provided outside the fifty United States, the District of Columbia, or Canada [, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

THE CONTRACT MAY NOT COVER ALL EXPENSES ASSOCIATED WITH YOUR LONG TERM CARE NEEDS.

Relationship of Cost of Care and Benefits -

Because the costs of long term care services will likely increase over time, you should consider whether and how the benefits of this plan may be adjusted. The benefit levels of the basic Contract will not increase over time. For additional premium, you may purchase one of the optional Inflation Protection Riders described later in this outline.

Terms Under Which the Contract May Be Continued In Force or Discontinued -

RENEWABILITY: THE CONTRACT IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of the Contract, to continue the Contract as long as you pay your premiums on time. Allianz Life Insurance Company of North America cannot change any of the terms of the Contract on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium - If you are eligible for Benefit Payments and the Elimination Period has been satisfied, we will waive your premium as it comes due. We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill.

Grace Period - Except for the first premium, you will have 30 days after each due date to pay the premium due. If your premium is not paid by the 30th day of the Grace Period, we will notify you and an individual designated by you to receive notice of possible Lapse due to non-payment of premium. You have an additional 30 days beyond the date this notice was given to pay your premium. The Contract remains In Force during the Grace Period, as well as during the additional 30-day notice period beyond the Grace Period.

Terms Under Which the Company May Change Premiums - Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract only if we base the premium change, by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Alzheimer's Disease - Subject to any applicable Elimination Period and Limitations or Exclusions described above, the Contract provides coverage for Alzheimer's Disease and forms of senility and irreversible dementia that result in a Severe Cognitive Impairment.

Counseling and Assistance - The Virginia Insurance Counseling and Assistance Program is available at: Virginia Department for the Aging, 1600 Forest Avenue, Suite 102, Richmond, VA 23229, Aging Services Hotline: 800/552-3402.

PREMIUM WORKSHEET - LONG TERM CARE INSURANCE

ELIMINATION PERIOD: ☐ 7 Days ☐ 30 Days ☐ 60 Days ☐ 90 Days ☐ 180 Days]

UNDERWRITING CLASS APPLIED FOR:

☐ Preferred Plus ☐ Preferred ☐ Standard ☐ Select I ☐ Select II

MAXIMUM FACILITY CARE DAILY BENEFIT APPLIED FOR:

(choice of [\$100 - \$500 in increments of \$10]) \$ _____

MAXIMUM HOME AND COMMUNITY CARE DAILY BENEFIT APPLIED FOR:

(choose percentage of Maximum Facility Care Daily Benefit) ☐ 70% ☐ 100% ☐ 130%

BENEFIT PERIOD APPLIED FOR: ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 8 Years ☐ Lifetime]

OPTIONAL BENEFITS

INFLATION PROTECTION RIDERS:

- ☐ None
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 5% Lifetime Compound Benefit Increase Rider
- ☐ Two Times Compound Benefit Increase Rider
- ☐ Simple Benefit Increase Rider

NONFORFEITURE BENEFIT RIDER:

- ☐ None
- ☐ Shortened Benefit Rider

RETURN OF PREMIUM RIDERS:

- ☐ Return of Premium Upon Death Rider
- ☐ Full Return of Premium Upon Death Rider

PREMIUM PAYMENT OPTIONS:

- ☐ Continuous Pay
- ☐ Limited Pay Rider
- ☐ Accelerated Premium Rider

MONTHLY INDEMNITY BENEFIT RIDERS:

- ☐ Comprehensive Monthly Indemnity Benefit Rider
 - ☐ \$250 ☐ \$500 ☐ \$750
 - ☐ \$1,000 ☐ \$1,250 ☐ \$1,500
- ☐ Home and Community Care Monthly Indemnity Benefit Rider
 - ☐ \$250 ☐ \$500 ☐ \$750

ADDITIONAL BENEFIT RIDERS:

- ☐ Home and Community Care Monthly Benefit Rider
- ☐ Waiver of Home and Community Care Elimination Period Rider (not available with 180-day Elimination Period)
- ☐ Calendar Day Elimination Period Rider
- ☐ Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)
- ☐ Spousal Shared Care Rider (the two insureds' plans must be identical)
- ☐ Spousal Waiver of Premium Rider
- ☐ Spousal Survivorship Rider

PREMIUM SUMMARY INFORMATION

Long Term Care Policy	\$	_____
Home and Community Care Monthly Indemnity Benefit Rider:	+	_____
Comprehensive Monthly Indemnity Benefit Rider	+	_____
Subtotal:	=	_____
Elimination Period Factor:	X	_____
Underwriting Rate Class Factor:	X	_____
Inflation Protection Rider Factor:	X	_____
Nonforfeiture Benefit Rider Factor:	X	_____
Return of Premium Rider Factor:	X	_____
Spousal Waiver of Premium Rider Factor:	X	_____
Spousal Survivorship Rider Factor:	X	_____
Spousal Shared Care Rider Factor:	X	_____
Calendar Day Elimination Period Rider Factor:	X	_____
Home and Community Care Monthly Benefit Rider Factor:	X	_____
Waiver of Home and Community Care Elimination Period Rider Factor:	X	_____
Restoration of Benefits Rider Factor:	X	_____
Premium Payment Option Factor:	X	_____
TOTAL ANNUAL PREMIUM:	\$	_____

PREMIUM PAYMENT MODE: (must elect one)

<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly/PAC	x	_____
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TOTAL MODAL PREMIUM:	\$	_____
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ADDITIONAL FEATURES

Medical Underwriting - Your insurability for the Contract will be determined by the answers given in your application and any other authorized medical information we obtain regarding your current state of health.

CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG TERM CARE INSURANCE CONTRACT.

[International Coverage Benefit Endorsement - If you are eligible for Benefit Payments and require Qualified Long Term Care Services which would otherwise be covered under the Contract while you are outside the fifty United States, the District of Columbia, or Canada, in a designated country as defined in the Visa Waiver Program, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or Home and Community Care Daily Benefit.

Benefits paid accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit times 730 days.]

Limited Pay Rider - If you were 64 or younger on the Effective Date, once you have paid required premiums until the first Policy Anniversary following your 80th birthday, this Rider will provide you with a paid-up Contract.

If you were 65 or older on the Effective Date, once you have paid required premiums until the first Policy Anniversary after 15 Policy Years, this Rider will provide you with a paid-up Contract.

Accelerated Premium Rider - If you were 64 or younger on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.4 times the premium that would have been paid during those Policy Years without the Rider.
- during the eleventh Policy Year through Termination, to 0.7 times the premium that would have been paid during those Policy Years without the Rider.

If you were 65 or older on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.2 times the premium that would have been paid during those Policy Years without the Rider.
- during the eleventh Policy Year through Termination, to 0.6 times the premium that would have been paid during those Policy Years without the Rider.

Shortened Benefit Rider - For additional premium, this Rider provides a benefit when the Contract has been In Force and premiums have been paid for at least three full Policy Years and Lapses due to nonpayment of premiums. Under the Shortened Benefit Rider, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract. Benefits payable under this Rider are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, attached to the policy, after the date the Contract Lapses.

Contingent Benefit Upon Lapse Endorsement - This Endorsement is included in all Contracts that do not include the Shortened Benefit Rider. Each time premiums are increased above the level defined by the state as a "substantial premium increase," the following options will be made available: a reduction of Contract benefits provided by your current coverage so that premiums are not

increased; or a conversion of the Contract to paid-up status with a Shortened Benefit Period.

If you elect a reduction in Contract benefits, benefits will be provided at the level that the current premium payable under the Contract will purchase. This option must be elected within 120 days of a "substantial premium increase."

If you elect to convert the Contract to a paid-up status, the Maximum Lifetime Benefit becomes equal to the greater of the total premiums paid for the policy and any attached Riders or thirty times the Facility Care Daily Benefit in effect on the date of Lapse. Under this option, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the policy and any attached Riders equals the new Maximum Lifetime Benefit. This option may be elected at any time within 120 days of a "substantial premium increase." If the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits payable under this Endorsement are subject to the same Contract provisions that would have been in effect had the Contract not Lapsed. However, no further increases will occur under any benefit increase Rider, if attached to the policy.

Calendar Day Elimination Period Rider – For additional premium, if you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period.

Home and Community Care Monthly Benefit Rider - For additional premium, if you are eligible for Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

Waiver of Home and Community Care Elimination Period Rider – For additional premium, the Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and

Community Care will count toward the Elimination Period.

Home and Community Care Monthly Indemnity Benefit Rider - For additional premium, this Rider provides a Home and Community Care Monthly Indemnity Benefit amount in any month that a Home and Community Care benefit payment is received. The Home and Community Care Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Facility Care Benefit or the Alternative Plan of Care Benefit. This Rider pays the lesser of two times the Benefit Period in months or 120 Home and Community Care Monthly Indemnity Benefit payments.

Comprehensive Monthly Indemnity Benefit Rider - For additional premium, this Rider provides a Monthly Indemnity Benefit amount in any month that a benefit payment is received. The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Alternative Plan of Care Benefit. This Rider pays the lesser of two times the Benefit Period in months or 120 Monthly Indemnity Benefit payments.

Return of Premium Upon Death Rider - For additional premium, this Rider pays a Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium Upon Death Benefit will be zero.

Full Return of Premium Upon Death Rider - For additional premium, this Rider pays a Full Return of Premium Upon Death Benefit to your Beneficiary if the Contract Terminates because of your death. The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract.

Restoration of Benefits Rider - For additional premium, if benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored, if for a period of 180 consecutive days:

- the Contract is In Force;

- you are not receiving Benefit Payments; and
- you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

Married Discount Rider - This Rider provides a discount on the premium because you are married. If you are no longer married, you must provide written notice to Cancel this Rider.

Spousal Discount Rider - This Rider provides a discount on the premium because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts. If you are no longer living with or married to the Insured Spouse, you must provide written notice to Cancel this Rider.

Spousal Shared Care Rider - For additional premium, if you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent, up to their maximum lifetime benefit, less the total of all claims paid, less 365 times the facility care daily benefit.

If the Insured Spouse exhausts their maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent, up to the Maximum Lifetime Benefit less the total of all claims paid, less 365 times the Facility Care Daily Benefit.

Spousal Waiver of Premium Rider - For additional premium, if the Insured Spouse is eligible for Benefit Payments and has satisfied the Elimination Period, this Rider will waive your premium as it comes due.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.

Spousal Survivorship Rider - For additional premium, this Rider provides for premiums to be paid up if:

- the Contract is In Force for 10 Policy Years;
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies.

Inflation Protection Riders - For additional premium, these Riders provide that on each Policy Anniversary, the benefits provided by the Contract will be increased.

The **3%, 4%, and 5% Lifetime Compound Benefit Increase Riders** increase benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 3%, 4%, or 5% of the amount in effect on the previous Policy Anniversary.
- The remaining Maximum Lifetime Benefit will be increased by 3%, 4%, or 5%.

The annual increases will occur even if benefits are being paid

The **Two Times Compound Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.

- The remaining Maximum Lifetime Benefit will be increased by 5%.

Annual increases will occur each year until the current benefit amount would otherwise exceed two times the original benefit amount.

The annual increases will occur even if benefits are being paid.

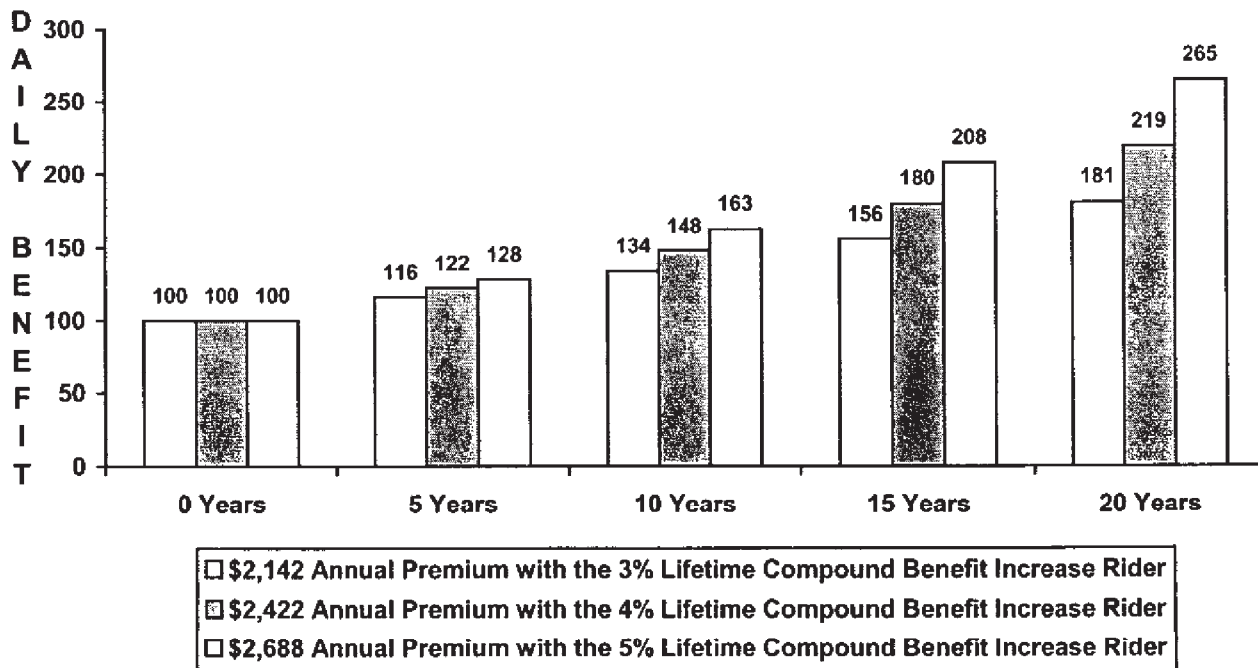
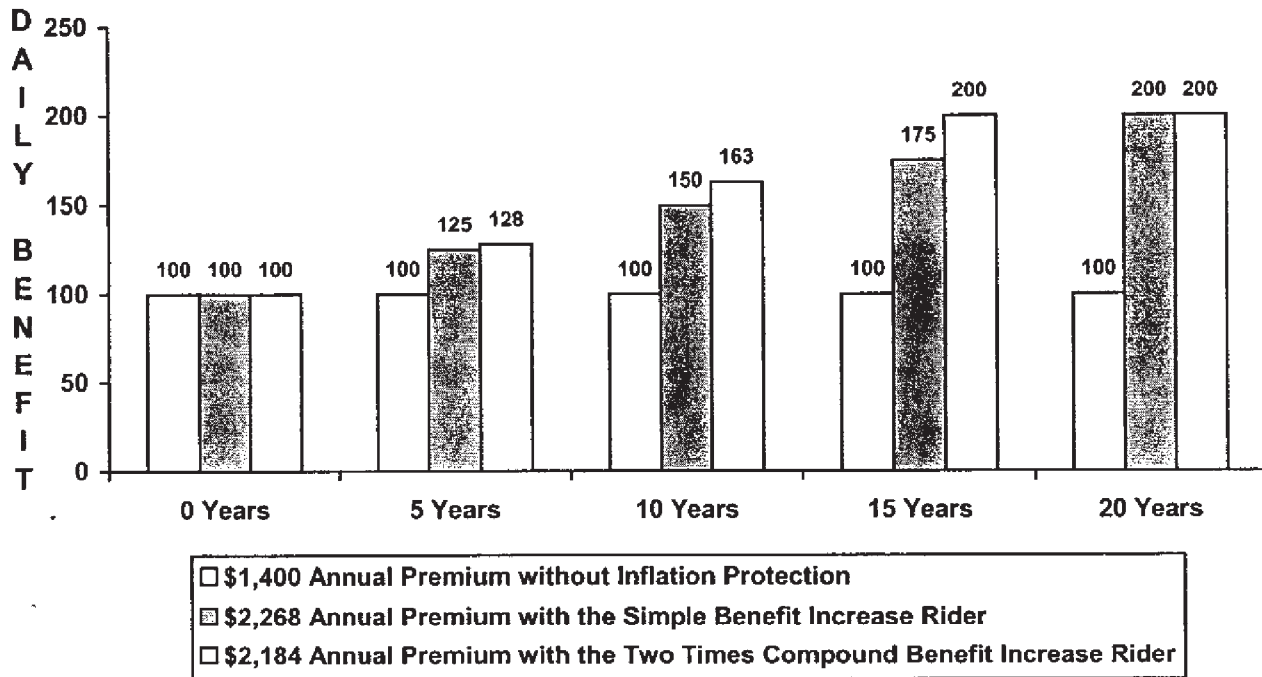
The **Simple Benefit Increase Rider** increases benefits as follows:

- the Facility Care Daily Benefit and Home and Community Care Daily Benefit will be

increased by 5% of the original amount issued to you.

- the Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the of the original amount issued to you.
- The remaining Maximum Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The first graph compares the benefits and premiums between a policy with the Simple Benefit Increase Rider, the Two Times Compound Benefit Increase Rider, and a policy without either one. The second graph compares the benefits and premiums between a policy with the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders. For purposes of illustration, the sample shown is for a policy with an issue age of 65, a 90-day Elimination Period, a \$100 Facility Care Daily Benefit, a \$100 Home and Community Care Daily Benefit, a Lifetime Benefit Period, and a Preferred rating classification.



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[PO Box 1292]
[Minneapolis, MN 55440-1292]

Application for Generation Protector™ Long Term Care Insurance

- ☐ New application
☐ Existing policy change/reinstatement

Home Office use only

Allianz Life™ assigned policy number(s)

Primary:

Spouse:

1. Tell us about yourself

Proposed primary insured

First										Middle										Last									
<input type="text"/>										<input type="text"/>										<input type="text"/>									
Occupation																				Social Security number									
<input type="text"/>																				<input type="text"/>									
Residence address																													
<input type="text"/>																													
City																				State					Zip code				
<input type="text"/>																				<input type="text"/>					<input type="text"/>				
Day phone number															Evening phone number										Best time to call				
<input type="text"/>															<input type="text"/>										<input type="text"/> a.m. <input type="text"/> p.m.				
Date of birth (mm/dd/yyyy)										Age					Sex					Height					Weight				
<input type="text"/>										<input type="text"/>					<input type="text"/> Male <input type="text"/> Female					<input type="text"/>					<input type="text"/> lbs.				
Tobacco use																													

- ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

Marital status

☐ Married ☐ Single

☐ Married ☐ Single
☐ Widowed ☐ Divorced

If married, is spouse currently covered?

☐ Yes ☐ No

With whom do you currently live?

☐ Spouse ☐ Alone ☐ Other

Proposed insured spouse

First										Middle										Last									
Occupation																				Social Security number									
Residence address																													
City																				State					Zip code				
Day phone number															Evening phone number										Best time to call				
()-()-()-()-()-()															()-()-()-()-()-()										()-()-()-()-()-()				
Date of birth (mm/dd/yyyy)										Age					Sex					Height					Weight				

- ☐ Nonsmoker of cigarettes in past 24 months ☐ Smoker of cigarettes in past 24 months ☐ Other tobacco use

[illegible]

	Primary insured		Insured spouse	
	Yes	No	Yes	No
1. Do you have, or, in the past 12 MONTHS did you have, another disability income or long term care insurance policy or certificate in force?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you intend to replace any of your long term care, medical, or health insurance coverage with this policy? If "Yes," you MUST complete Section 10 (Replacement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 MONTHS, have you been declined by another company for a policy providing nursing home care, long term care, or home health care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently receiving disability income benefits, long term care benefits, or benefits from a state assistance program (Medicaid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List details below for any "Yes" answers in questions 1 through 4 above.

Status of policy		When (mm/dd/yyyy)		Type of benefit	
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of company				Policy number	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
To be replaced by this coverage		Amount of benefit			
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>			
		Other <input type="text"/>			

Status of policy		When (mm/dd/yyyy)		Type of benefit															
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
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To be replaced by this coverage		Amount of benefit																	
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>																	
		Other <input type="text"/>																	

Status of policy		When (mm/dd/yyyy)		Type of benefit											
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Name of company										Policy number					
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To be replaced by this coverage		Amount of benefit													
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>													
		Other <input type="text"/>													

4. Choose your coverage

Proposed primary insured coverage

Risk class <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Select I <input type="checkbox"/> Select II		Facility Care Daily Benefit (choose from \$100-\$500 in increments of \$10) \$ <input type="text"/> <input type="text"/> <input type="text"/>	
Home & Community Care Daily Benefit <input type="checkbox"/> 70% <input type="checkbox"/> 100% <input type="checkbox"/> 130%		Elimination Period <input type="checkbox"/> 7 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	Benefit Period <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 8 years <input type="checkbox"/> Lifetime
Inflation protection riders (Must select one) <input type="checkbox"/> None (see disclaimer below)* <input type="checkbox"/> 3% Lifetime Compound Benefit Increase Rider <input type="checkbox"/> 4% Lifetime Compound Benefit Increase Rider		Premium payment options (Must select one) <input type="checkbox"/> Continuous pay <input type="checkbox"/> Limited Pay Rider <input type="checkbox"/> Accelerated Premium Rider	
Additional rider benefits <input type="checkbox"/> Home and Community Care Monthly Benefit Rider <input type="checkbox"/> Waiver of Home and Community Care Elimination Period Rider (not available with 180 day E.P.) <input type="checkbox"/> Calendar Day Elimination Period Rider <input type="checkbox"/> Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)		Monthly indemnity benefit options <input type="checkbox"/> Comprehensive Monthly Indemnity Benefit Rider <input type="checkbox"/> \$250/mo <input type="checkbox"/> \$500/mo <input type="checkbox"/> \$750/mo <input type="checkbox"/> \$1,000/mo <input type="checkbox"/> \$1,250/mo <input type="checkbox"/> \$1,500/mo <input type="checkbox"/> Home and Community Care Monthly Indemnity Benefit Rider <input type="checkbox"/> \$250/mo <input type="checkbox"/> \$500/mo <input type="checkbox"/> \$750/mo	
Nonforfeiture rider benefits (Must select one) <input type="checkbox"/> None (see disclaimer below)** <input type="checkbox"/> Shortened Benefit Rider		Return of premium options <input type="checkbox"/> Return of Premium Upon Death Rider (complete beneficiary information below) <input type="checkbox"/> Full Return of Premium Upon Death Rider (complete beneficiary information below)	
Name of beneficiary <input type="text"/>		Relationship <input type="text"/>	

Proposed insured spouse coverage

Spousal rider benefits <input type="checkbox"/> Spousal Shared Care Rider (the two insureds' plans must be identical) <input type="checkbox"/> Spousal Waiver of Premium Rider <input type="checkbox"/> Spousal Survivorship Rider			
Risk class <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Select I <input type="checkbox"/> Select II		Facility Care Daily Benefit (choose from \$100-\$500 in increments of \$10) \$ <input type="text"/> <input type="text"/> <input type="text"/>	
Home & Community Care Daily Benefit <input type="checkbox"/> 70% <input type="checkbox"/> 100% <input type="checkbox"/> 130%		Elimination Period <input type="checkbox"/> 7 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	Benefit Period <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 8 years <input type="checkbox"/> Lifetime
Inflation protection riders (Must select one) <input type="checkbox"/> None (see disclaimer below)* <input type="checkbox"/> 3% Lifetime Compound Benefit Increase Rider <input type="checkbox"/> 4% Lifetime Compound Benefit Increase Rider		Premium payment options (Must select one) <input type="checkbox"/> Continuous pay <input type="checkbox"/> Limited Pay Rider <input type="checkbox"/> Accelerated Premium Rider	
Additional rider benefits <input type="checkbox"/> Home and Community Care Monthly Benefit Rider <input type="checkbox"/> Waiver of Home and Community Care Elimination Period Rider (not available with 180 day E.P.) <input type="checkbox"/> Calendar Day Elimination Period Rider <input type="checkbox"/> Restoration of Benefits Rider (not available with Lifetime Benefit Period or Spousal Shared Care Rider)		Monthly indemnity benefit options <input type="checkbox"/> Comprehensive Monthly Indemnity Benefit Rider <input type="checkbox"/> \$250/mo <input type="checkbox"/> \$500/mo <input type="checkbox"/> \$750/mo <input type="checkbox"/> \$1,000/mo <input type="checkbox"/> \$1,250/mo <input type="checkbox"/> \$1,500/mo <input type="checkbox"/> Home and Community Care Monthly Indemnity Benefit Rider <input type="checkbox"/> \$250/mo <input type="checkbox"/> \$500/mo <input type="checkbox"/> \$750/mo	
Nonforfeiture rider benefits (Must select one) <input type="checkbox"/> None (see disclaimer below)** <input type="checkbox"/> Shortened Benefit Rider		Return of premium options <input type="checkbox"/> Return of Premium Upon Death Rider (complete beneficiary information below) <input type="checkbox"/> Full Return of Premium Upon Death Rider (complete beneficiary information below)	
Name of beneficiary <input type="text"/>		Relationship <input type="text"/>	

*PLEASE READ IF INFLATION PROTECTION IS NOT DESIRED. By signing this application, I acknowledge by checking "None" that I have reviewed the outline of coverage and the graphs that compare the benefits and premiums of the policy with and without inflation protection. Specifically, I have reviewed the 3%, 4%, and 5% Lifetime Compound Benefit Increase Riders, the Two Times Compound Benefit Increase Rider, and the Simple Benefit Increase Rider, and by checking "None," I acknowledge that I reject inflation protection.

**PLEASE READ IF NONFORFEITURE BENEFIT IS NOT DESIRED. By signing this application, I acknowledge by checking "None" that I have reviewed the outline of coverage and the nonforfeiture benefit as described therein. Specifically, I have reviewed the Shortened Benefit Rider, and by checking "None," I acknowledge that I reject such nonforfeiture benefit.

Return to Home Office

5. Your premium payment amount

Proposed primary insured

Planned modal premium

\$

Frequency (Must select one)

☐ Monthly [PAC/EFT] (submit authorization form and 2 months premium)
☐ Quarterly ☐ Semiannually ☐ Annually

Total amount submitted with application

\$

If endorsed group:

Group name

Proposed insured spouse

Planned modal premium

\$

Frequency (Must select one)

☐ Monthly [PAC/EFT] (submit authorization form and 2 months premium)
☐ Quarterly ☐ Semiannually ☐ Annually

Total amount submitted with application

\$

If endorsed group:

Group name

6. Special requests

Proposed primary insured

Date to save age

/ /

Special effective date

/ /

Other

Proposed insured spouse

Date to save age

/ /

Special effective date

/ /

Other

7. Payor if other than proposed insured(s)

Full name

Relationship to you

Billing address

City

State

Zip code

-

8. Designation of third party for protection against unintended lapse

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one:

☐ I elect **NOT** to designate any person to receive such notice.

☐ I elect to designate this person to receive such notice:

Proposed primary insured

Full name of third party designee

Phone number

() - -

Mailing address

City

State

Zip code

-

Return to Home Office

I understand that I have the right to designate at least one person, other than myself, to receive notice of possible lapse of this long term care insurance policy for nonpayment of premium. I understand that this notice to my designee will not be given until 30 days after a premium is due and unpaid.

Must select one:

- ### Proposed insured spouse

[illegible]

() () () - () () () - () () () () () ()

[illegible]

City:

State

Zip code

[illegible]

Primary Insured	Insured Spouse
YES NO	YES NO

- [illegible]

Primary Insured		Insured Spouse	
YES	NO	YES	NO

- | PI | IS | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Neurological disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Osteoporosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Pacemaker |
| <input type="checkbox"/> | <input type="checkbox"/> | Peripheral vascular disease |
| <input type="checkbox"/> | <input type="checkbox"/> | Respiratory disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Skin ulcers |
| <input type="checkbox"/> | <input type="checkbox"/> | Spine/Back disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA |
| <input type="checkbox"/> | <input type="checkbox"/> | Urinary incontinence |

2

9. Medical history - Part II (continued)

	Primary Insured		Insured Spouse	
	YES	NO	YES	NO
2. In the past 10 YEARS, have you been treated by a health professional for any condition not named above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 12 MONTHS, have you:				
a. Been confined to a hospital, nursing home, or sanitarium?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Received home care services, physical therapy, or rehabilitative therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sought medical advice or treatment for loss of appetite, falling, fainting, problems with balance, dizziness, or deterioration of vision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had any surgical procedure recommended or scheduled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Medical history - Part III

Physician of proposed primary insured

Physician name

Phone number
--

Mailing address

City State Zip code

Medical specialist name

Phone number
--

Mailing address

City State Zip code

Physician of proposed insured spouse

Physician name

Phone number
--

Mailing address

City State Zip code

Medical specialist name

Phone number
--

Mailing address

City State Zip code

Return to Home Office

9. Medical history - Part IV

What medications, prescription and non-prescription, are you currently taking?

[illegible]

9. Medical history - Part V (provide details to any questions answered "Yes" in Medical history – Parts I & II)

[illegible]

Home Office changes to this application

10. Replacement (complete only if replacement is involved):

By signing this application, I acknowledge that I have received and read a copy of the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long Term Care Insurance. The "Notice to applicant" was delivered to (printed name of proposed insured):

First Middle Last

on (date)

/ /

Agent first Middle Last

Agent address

City

State

Zip code

-

11. Proposed insured(s) acknowledgement

I(we) received and completed (if applicable) the following when I(we) applied for this policy:

- | | | |
|---|---|---|
| <input type="checkbox"/> Outline of Coverage | <input type="checkbox"/> Replacement Notice | <input type="checkbox"/> Authorization for Release of Health Information |
| <input type="checkbox"/> Personal Worksheet | <input type="checkbox"/> Long Term Care Shopper's Guide | <input type="checkbox"/> Authorization for Release of Psychotherapy Notes |
| <input type="checkbox"/> Potential Rate Increase Disclosure | <input type="checkbox"/> Medicare Notice | <input type="checkbox"/> Disclosure Statement |

12. Your agreement and permission

AGREEMENT - The answers given are complete and true to the best of my knowledge and belief. I understand that the Company will rely on my written answers to the questions in this application and that if my answers are not complete and true, my policy may not be valid, subject to the Incontestability provision in the policy. I also understand that the agent cannot determine eligibility for or alter the terms of the proposed policy.

ACKNOWLEDGEMENT - I acknowledge receipt of an Outline of Coverage, Long Term Care Shopper's Guide, Medicare Notice, Potential Rate Increase Disclosure, and Disclosure Statement, which includes the Medical Information Bureau Notice and the Notice of Insurance Information Practices.

CAUTION - If your responses on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind your policy, subject to the Incontestability provision in the policy.

The undersigned proposed insured(s) and agent certify that the proposed insured(s) has read, or that the agent has read to the proposed insured(s), the completed application and realizes that any false statement or misrepresentation in this application may result in loss of coverage under the policy.

Signed at city State

Day

Month

Year

X _____
Proposed primary insured's signature

X _____
Proposed insured spouse's signature

To be answered by licensed resident agent: I certify that the statements of the proposed insured(s) have been correctly recorded in this application. To the best of my knowledge, the insurance applied for in this application _____ will not or _____ will replace existing insurance.

Agent's signature _____

Agent's phone number () - -

Agent's statement

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Did you personally interview the proposed insured(s), ask all the questions and witness the signatures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. a. Did the proposed insured(s) (or their representative) initiate the contact that resulted in this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How long have you known the proposed insured(s)? | | |
| c. Are you or your spouse related to the proposed insured(s)? If yes, relationship? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did you notice any impairments with regard to walking, talking or any type of tremor or signs of disorientation?
(Please explain in "REMARKS.") | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have reason to believe that any information on this application (whether favorable or unfavorable) might be inaccurate or misleading or do you have any information not disclosed in this application regarding the health, habits, or home surroundings of the proposed insured(s) (whether favorable or unfavorable) which might assist in the underwriting decision on this application? (Please explain in "REMARKS.") | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does a Power of Attorney agreement exist for the proposed insured(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," please explain why this agreement has been established in "REMARKS." | | |
| 6. Proposed Insured(s) type of dwelling: | | |
| <input type="checkbox"/> Private Home <input type="checkbox"/> Apartment <input type="checkbox"/> Assisted Living Facility | | |
| <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Retirement Home <input type="checkbox"/> Other | | |
| 7. Indicate the best time of day to contact the proposed insured(s) by telephone: | | |
| 8. Agent must list all health insurance including long term care policies sold to the applicant(s) which: are still in force; and were sold in the last five years but are no longer in force. | | |

☐ **Proposed primary insured** ☐ **Proposed insured spouse**

Status of policy	When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company		Policy number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
To be replaced by this coverage	Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other

☐ **Proposed primary insured** ☐ **Proposed insured spouse**

Status of policy	When (mm/dd/yyyy)	Type of benefit
<input type="checkbox"/> Lapsed <input type="checkbox"/> Applied for <input type="checkbox"/> In force	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of company		Policy number
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To be replaced by this coverage	Amount of benefit	
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Other

REMARKS:

Return to Home Office

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

3% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 3% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 3% of the amount in effect on the previous Policy Anniversary.
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 3% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

4% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 4% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 4% of the amount in effect on the previous Policy Anniversary.
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 4% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

5% LIFETIME COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:

1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the amount in effect on the previous Policy Anniversary.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the amount in effect on the previous Policy Anniversary.
3. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 5% of the Remaining Lifetime Benefit on the current Policy Anniversary.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.



[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]



[Charles Kavitsky]
[President]



ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

TWO TIMES COMPOUND BENEFIT INCREASE RIDER

This Rider increases your benefits for a limited number of years to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Daily/Monthly Benefit is the Facility Care Daily Benefit, Home and Community Care Daily Benefit, Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected), and Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected).

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Two Times Compound Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will increase as follows:

1. The Daily/Monthly Benefit will increase by 5% of the amount in effect on the previous Policy Anniversary.
2. The Maximum Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary, increased by 5% of the Remaining Lifetime Benefit on the current Policy Anniversary.


Annual increases will occur each year until the current Daily/Monthly Benefit would otherwise exceed two times the original Daily/Monthly Benefit. The increase in the year that the current Daily/Monthly Benefit would otherwise exceed two times the original Daily/Monthly Benefit will be less than 5% such that the current Daily/Monthly Benefit will equal two times the original Daily/Monthly Benefit. No increases will occur beyond this time.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the Daily/Monthly Benefit will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.



[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]



[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SIMPLE BENEFIT INCREASE RIDER

This Rider increases your benefits each year to provide some protection against the rising cost of long term care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition

Remaining Lifetime Benefit on the current Policy Anniversary is the Maximum Lifetime Benefit on the previous Policy Anniversary less the total of all claims paid up to the current Policy Anniversary.

Lifetime Simple Benefit Increase

On each Policy Anniversary, the benefits provided by the Contract will be increased as follows:


1. The Facility Care Daily Benefit and Home and Community Care Daily Benefit will be increased by 5% of the original amount issued to you.
2. The Monthly Indemnity Benefit (if the Comprehensive Monthly Indemnity Benefit Rider is elected) **OR** the Home and Community Care Monthly Indemnity Benefit (if the Home and Community Care Monthly Indemnity Benefit Rider is elected) will be increased by 5% of the original amount issued to you.
3. The Remaining Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits.

The annual increases will occur even if benefits are being paid.

Cancellation

If you cancel this Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

LIMITED PAY RIDER

This Rider provides you with a paid-up Contract once you have paid the required premium for a specified period of time.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Limited Pay Option


To renew the Contract, you must pay the premium due by the premium due date.

If you were 64 or younger on the Effective Date, once you have paid required premiums until the first Policy Anniversary following your 80th birthday, this Rider will provide you with a paid-up Contract.

If you were 65 or older on the Effective Date, once you have paid required premiums until the first Policy Anniversary after 15 policy years, this Rider will provide you with a paid-up Contract.

The Contract will then automatically be renewed for the rest of your life with no further premium due.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]



ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

ACCELERATED PREMIUM RIDER

This Rider allows you to pay a higher premium during the first 10 Policy Years and to pay a lower premium after the 10th Policy Year.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Accelerated Premium Benefit

If you were 64 or younger on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.4 times the premium that would have been paid during those Policy Years without this Rider.
- during the eleventh Policy Year through Termination, to 0.7 times the premium that would have been paid during those Policy Years without this Rider.

If you were 65 or older on the Effective Date, this Rider adjusts the Total Modal Premium payment:

- in the first ten Policy Years, to 1.2 times the premium that would have been paid during those Policy Years without this Rider.
- during the eleventh Policy Year through Termination, to 0.6 times the premium that would have been paid during those Policy Years without this Rider.

Premium rates are guaranteed not to change for the first five Policy Years. After the fifth Policy Year, the Company may change the premium rates for the Contract only if we change the premium rates by Class for everyone in your state with this policy form. The premium change would occur on the Policy Anniversary. We will notify you in writing at least 60 days before your premium changes.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SHORTENED BENEFIT RIDER

**This Rider provides limited benefits even after the Contract Lapses,
subject to the conditions listed below.**

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definitions

Maximum Shortened Benefit Period Amount is the greater of 30 times the Facility Care Daily Benefit in effect on the date of Lapse or the total of premiums paid under the Contract.

The Maximum Shortened Benefit Period Amount may be adjusted subsequent to being initially granted only as necessary to reflect changes in claims, persistency, and interest as reflected in changes in rates for premium paying contracts approved by the Commissioner of Insurance for the same contract form.

Shortened Benefit


If the Contract has been In Force and premiums have been paid for at least three full Policy Years, and then the Contract Lapses, this Rider will provide a Shortened Benefit equal to the Maximum Shortened Benefit Period Amount.

No further increases will occur under any benefit increase Rider after the date the Contract Lapses. Also, all other Riders will terminate on the date the Contract Lapses, and no further benefits will be payable from those Riders. The Facility Care Daily Benefit or Home and Community Care Daily Benefit payable under this Rider will be the daily benefit amount in effect on the date the Contract Lapses.

Benefits payable under this Rider are subject to the same Elimination Period and all provisions of the Contract that would have been in effect had the Contract not Lapsed.

Under the shortened benefit period, coverage will continue during your lifetime, but benefits will be payable only until the total of benefits paid under the Contract, including benefits paid before the date the Contract Lapses, equals the Maximum Shortened Benefit Period Amount.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.



[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]



[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CALENDAR DAY ELIMINATION PERIOD RIDER


This Rider credits, toward the Elimination Period, each day that you are Chronically Ill from the first day that you receive care.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Calendar Day
Elimination Period
Benefit**

If you are Chronically Ill, each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward the Elimination Period.

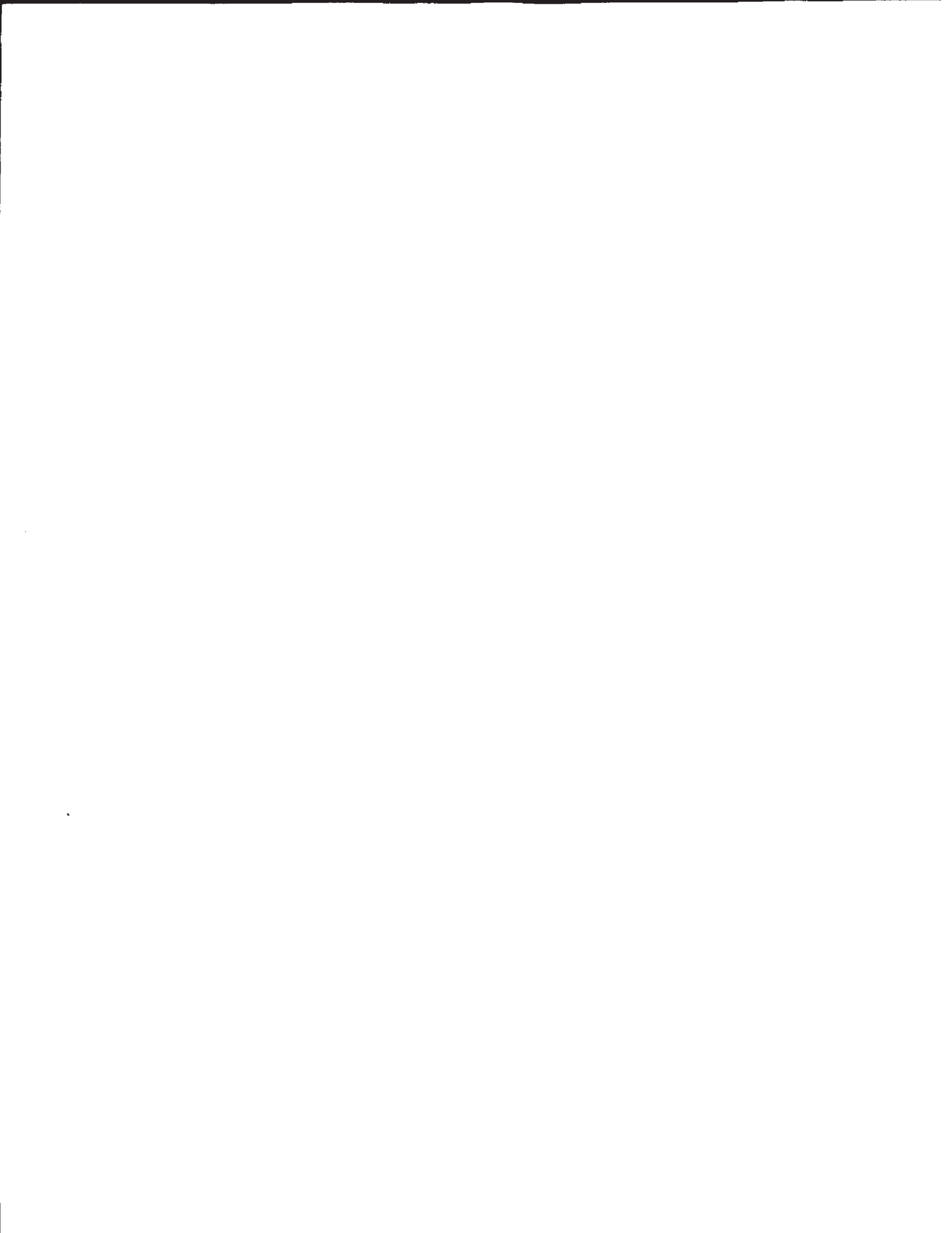
Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]



ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

HOME AND COMMUNITY CARE MONTHLY BENEFIT RIDER

This Rider adds flexibility by paying the Home and Community Care Benefit on a monthly basis rather than on a daily basis.


The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Home and Community Care Monthly Benefit

If you are eligible for Benefit Payments under the Home and Community Care Benefit, we will pay up to the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.

All benefits paid under the Home and Community Care Monthly Benefit are subtracted from the Maximum Lifetime Benefit; however, the maximum monthly amount of benefits subtracted will not exceed the number of days in the month times the Facility Care Daily Benefit amount.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

WAIVER OF HOME AND COMMUNITY CARE ELIMINATION PERIOD RIDER

This Rider waives the Elimination Period if you are receiving Home and Community Care, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Home and Community
Care Waiver of
Elimination Period
Benefit**

The Elimination Period will be waived while you are Chronically Ill and are receiving Home and Community Care. In addition, each day that you receive Benefit Payments for Home and Community Care will count toward the Elimination Period.

You must satisfy the remainder of the Elimination Period, if any, to be eligible for Benefit Payments under the Facility Care Benefit.

If you have fully satisfied the Elimination Period for the Facility Care Benefit, the premium charge for this Rider will cease.

**Waiver of Premium
Benefit**

If you meet the Eligibility for Benefits provision in the policy, we will waive your premium as it comes due beginning with the first premium due after the first day that you receive Home and Community Care.

We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as you continue to be Chronically Ill. Once you recover and are no longer Chronically Ill, you must pay each premium that comes due according to the Mode of Payment currently in effect.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

HOME AND COMMUNITY CARE MONTHLY INDEMNITY BENEFIT RIDER

This Rider provides a cash benefit in any month that a Home and Community Care benefit payment is received, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Home and Community Care Monthly Indemnity Benefit


The Home and Community Care Monthly Indemnity Benefit amount is shown on the Policy Schedule. This amount will be paid in any month that a Home and Community Care benefit payment is received. The Home and Community Care Monthly Indemnity Benefit payments will stop when:

- you no longer satisfy the Benefit Payments provision of the policy;
- you are no longer receiving Home and Community Care benefit payments under the Contract; or
- you have received the lesser of two times the Benefit Period in months or 120 Home and Community Care Monthly Indemnity Benefit payments.

Exclusions

The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Facility Care Benefit or the Alternative Plan of Care Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

Charles Kavitsky]
[President]



ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

COMPREHENSIVE MONTHLY INDEMNITY BENEFIT RIDER

This Rider provides a cash benefit in any month that a benefit payment is received, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Monthly Indemnity
Benefit**

The Monthly Indemnity Benefit amount is shown on the Policy Schedule. This amount will be paid in any month that a benefit payment is received.


The Monthly Indemnity benefit payments will stop when:

- you no longer satisfy the Benefit Payments provision of the policy;
- you are no longer receiving benefits from the Contract; or
- you have received the lesser of two times the Benefit Period in months or 120 Monthly Indemnity Benefit payments.

Exclusions

The Monthly Indemnity Benefit is not payable if the only benefit of the policy being paid is the Alternative Plan of Care Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

RETURN OF PREMIUM UPON DEATH RIDER

Upon your death, this Rider returns all premiums paid, less any benefits paid, to your Beneficiary.


The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Return of Premium Upon Death Benefit

This Rider pays a Return of Premium Upon Death Benefit to your Beneficiary, or to your estate if no Beneficiary has been designated, if the Contract Terminates because of your death.

The Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract, reduced by the total of benefits paid. If the total of benefits paid exceeds the total of premiums paid, this Return of Premium Upon Death Benefit will be zero.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FULL RETURN OF PREMIUM UPON DEATH RIDER


Upon your death, this Rider returns all premiums paid to your Beneficiary.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Full Return of Premium
Upon Death Benefit**

This Rider pays a Full Return of Premium Upon Death Benefit to your Beneficiary or to your estate if no Beneficiary has been designated, if the Contract Terminates because of your death. The Full Return of Premium Upon Death Benefit is equal to the total of premiums paid for the Contract.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary]

[]

[Charles Kavitsky]
[President]

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every aspect of their operations, from procurement to sales, to ensure that all data is reliable and accessible.

2. The second section focuses on the role of technology in modern business operations. It highlights how digital tools and software can streamline processes, reduce errors, and improve overall efficiency. The author argues that embracing technology is not just a competitive advantage but a necessity for staying relevant in today's fast-paced market. Examples of various digital solutions are provided, along with advice on how to select and integrate them effectively.

3. The third part of the document addresses the challenges of managing human resources. It discusses the importance of hiring the right talent, providing ongoing training and development, and fostering a positive work environment. The text offers practical tips for recruitment, performance management, and conflict resolution. It also touches upon the importance of diversity and inclusion in building a strong, resilient team.

4. The final section covers the topic of financial management and budgeting. It explains how to create a realistic budget, monitor expenses, and make informed decisions about resource allocation. The author stresses the need for regular financial reviews and the importance of staying within budget to ensure long-term sustainability. Various strategies for cost reduction and revenue optimization are also discussed.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

RESTORATION OF BENEFITS RIDER


Once you recover, this Rider restores the Maximum Lifetime Benefit, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

- Restoration of Benefits** If benefits have been paid and deducted from the Maximum Lifetime Benefit, the Maximum Lifetime Benefit will be restored if, for a period of 180 consecutive days:
- the Contract is In Force;
 - you are not receiving Benefit Payments; and
 - you are no longer Chronically Ill.

The Maximum Lifetime Benefit may be restored an unlimited number of times.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

MARRIED DISCOUNT RIDER

This Rider provides a premium discount because you are married, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Married Discount
Benefit**

This Rider provides you with a premium discount because you are married.

The Married Discount Rider will not terminate due to the death of your spouse while the Contract is In Force.

Cancellation

This Rider must be cancelled if you are no longer married (except due to the death of your spouse while the Contract is In Force) by providing written notice of Cancellation to us.


Termination

This Rider will Terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider; or
- the date the Contract Terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Married Discount Benefit.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL DISCOUNT RIDER

This Rider provides a premium discount because both you and your spouse were issued Contracts, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Spousal Discount
Benefit**

This Rider provides you with a premium discount because both you and an Insured Spouse, with whom you are living and to whom you are married, were issued Contracts.

The Spousal Discount Rider will not terminate due to the death of the Insured Spouse.

Cancellation

This Rider must be cancelled if you are no longer living with or married to the Insured Spouse (except due to the death of the Insured Spouse while the Contract is In Force) by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Discount Rider;
- the date the Contract Terminates; or
- the date the Insured Spouse's contract terminates.

Upon Termination of this Rider, the premium will be equal to the rate that you would have been charged for an individual Contract without this Rider at your original issue age and risk class and will not include any Spousal Discount Benefit.

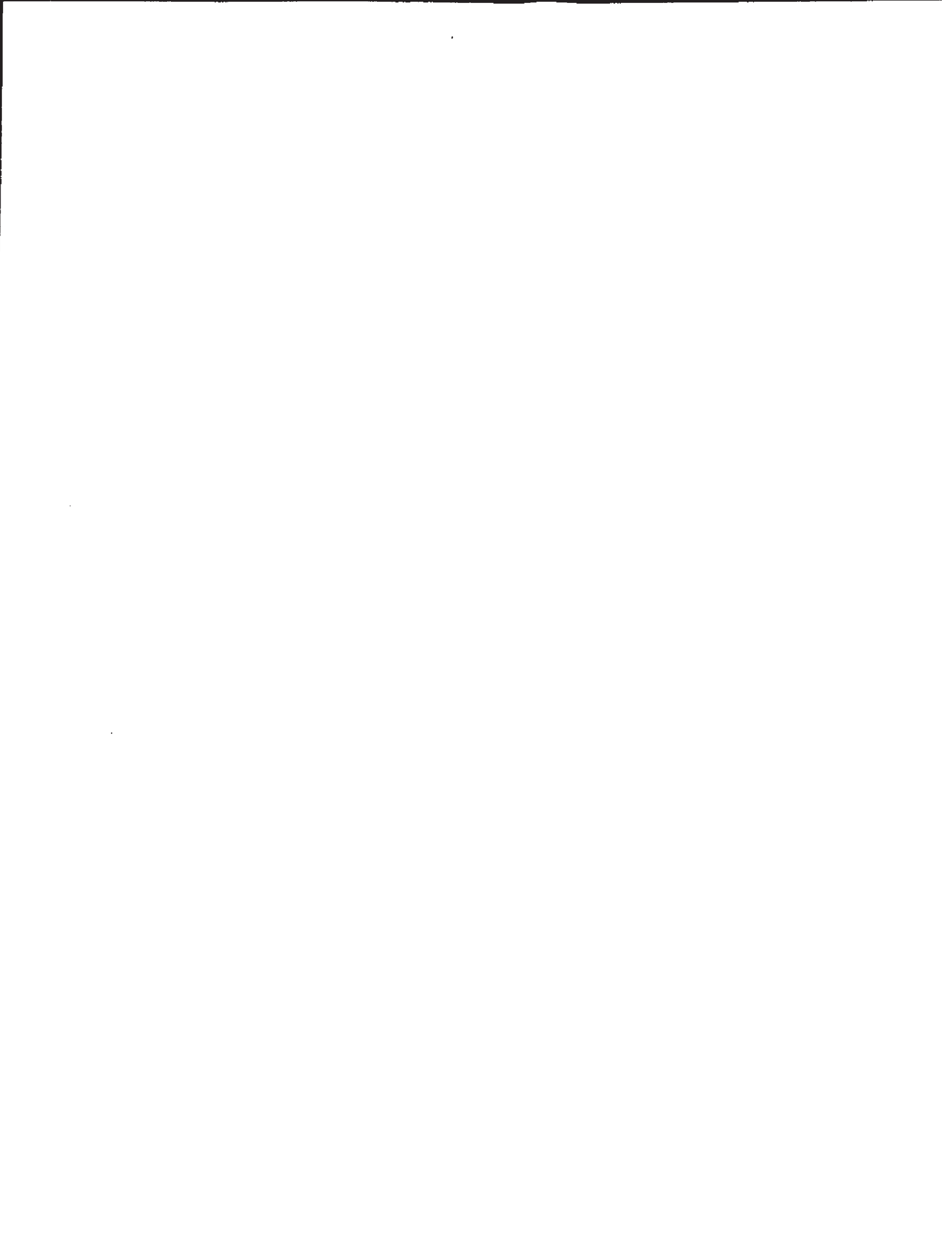
Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]



ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL SHARED CARE RIDER

This Rider allows you to access the available benefits under your spouse's contract once your Maximum Lifetime Benefit has been exhausted, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

Definition	Spousal Shared Care Benefit Amount is equal to the Maximum Lifetime Benefit, less the total of all claims paid, less 365 times the Facility Care Daily Benefit, in effect at the time of claim. This amount will be disclosed on the consent form.
Spousal Shared Care Benefit	<p>If you exhaust the Maximum Lifetime Benefit, you may access the Insured Spouse's benefits, upon our receipt of their signed consent form, up to their spousal shared care benefit amount.</p> <p>If the Insured Spouse exhausts his/her maximum lifetime benefit, the Insured Spouse may access your benefits, upon our receipt of your signed consent form, up to the Spousal Shared Care Benefit Amount.</p>
Death of Insured Spouse	Upon receipt of proof of death of the Insured Spouse, we will increase the Maximum Lifetime Benefit by the amount of the Insured Spouse's spousal shared care benefit amount, if any. We will provide you with written verification of the new Maximum Lifetime Benefit. Your premium will remain unchanged.
Cancellation	This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.
Termination	<p>This Rider will terminate and coverage under this Rider will end on the earliest of:</p> <ul style="list-style-type: none">• the date of Cancellation of this Rider;• the date the Insured Spouse cancels their Spousal Shared Care Rider;• the date of Termination of the Spousal Discount Rider; or• the date the Insured Spouse's Spousal Discount Rider terminates.
Restoration of Benefits	The optional Restoration of Benefits Rider does not extend to this Rider. If the optional Restoration of Benefits Rider is attached to the Contract, the Maximum Lifetime Benefit will only be restored to the extent that you have accessed benefits under the Contract subject to the provisions of the Restoration of Benefits Rider. Benefits accessed under the Contract by the Insured Spouse will not be restored.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that proper record-keeping is essential for transparency and accountability, particularly in financial matters. The text suggests that organizations should implement robust systems to track every detail, from budget allocations to expenditure reports.

2. The second section addresses the challenges faced by organizations in managing their resources effectively. It highlights the need for strategic planning and the allocation of funds based on long-term goals. The author argues that without a clear vision and a structured approach, organizations risk mismanaging their assets and failing to achieve their intended purpose.

3. The third part of the document explores the role of leadership in ensuring the success of an organization. It stresses that leaders must be able to inspire and motivate their teams, while also providing clear direction and support. The text suggests that effective leadership involves a combination of vision, communication, and the ability to make difficult decisions when necessary.

4. The fourth section discusses the importance of collaboration and teamwork in achieving organizational goals. It argues that no single individual can accomplish everything, and that the success of an organization depends on the collective efforts of all its members. The text encourages the creation of a culture where team members are encouraged to share ideas, support each other, and work towards common objectives.

5. The fifth part of the document focuses on the importance of continuous improvement and innovation. It suggests that organizations should not be satisfied with the status quo and should always be looking for ways to enhance their processes and services. The text emphasizes that innovation is not just about developing new products or services, but also about finding more efficient ways to do things.

6. The sixth section discusses the importance of maintaining high standards of ethics and integrity. It argues that organizations have a responsibility to their stakeholders to act honestly and transparently. The text suggests that organizations should establish clear codes of conduct and ensure that all employees are held accountable for their actions.

7. The seventh part of the document addresses the importance of financial management. It suggests that organizations should carefully monitor their finances and ensure that they are always in a position to meet their obligations. The text emphasizes that good financial management is essential for the long-term survival and success of any organization.

8. The eighth section discusses the importance of maintaining good relationships with external stakeholders. It argues that organizations should not operate in isolation and should actively seek to build strong relationships with customers, suppliers, and other relevant parties. The text suggests that good relationships can lead to increased business opportunities and a more stable operating environment.

9. The ninth part of the document focuses on the importance of maintaining a strong corporate culture. It suggests that a well-defined culture can help to align the values and behaviors of all employees, leading to a more cohesive and effective organization. The text emphasizes that culture is not just a set of words on a wall, but a living, breathing entity that shapes the way an organization operates.

10. The final section of the document provides a summary of the key points discussed and offers some final thoughts on the importance of these principles for the success of any organization. It concludes by stating that while the path to success may be challenging, it is one that is well worth pursuing if the organization is committed to the principles outlined in the document.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA


SPOUSAL WAIVER OF PREMIUM RIDER

This Rider waives your premium as it comes due if your spouse's premiums are being waived, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

- Spousal Waiver Benefit** If the Insured Spouse is eligible for Benefit Payments and has satisfied the Elimination Period, this Rider will waive your premium as it comes due.
- We will continue to waive each premium that comes due according to the Mode of Payment in effect at the time you become eligible for this benefit, as long as the Insured Spouse's premiums are being waived. Once the Insured Spouse is no longer Chronically Ill or this Rider Terminates, you must pay each premium that comes due according to the Mode of Payment in effect.
- Cancellation** This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.
- Termination** This Rider will terminate and coverage under this Rider will end on the earliest of:
- the date of Cancellation of this Rider;
 - the date the Insured Spouse cancels their Spousal Waiver of Premium Rider;
 - the date of Termination of the Spousal Discount Rider; or
 - the date the Insured Spouse's Spousal Discount Rider terminates.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

SPOUSAL SURVIVORSHIP RIDER

This Rider provides you with a paid-up Contract if both your and your spouse's Contract has been In Force for 10 years and then your spouse dies, subject to the conditions listed below.

The Company has issued this Rider as a part of the policy to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider.

**Paid Up Survivorship
Benefit**

The premiums for the Contract will be paid up if:

- the Contract is In Force for 10 Policy Years;
- the Insured Spouse's contract is in force for 10 policy years; and
- the Insured Spouse dies.

Cancellation

This Rider may be cancelled at any time by either Insured by providing written notice of Cancellation to us.

Termination

This Rider will terminate and coverage under this Rider will end on the earliest of:

- the date of Cancellation of this Rider;
- the date the Insured Spouse cancels their Spousal Survivorship Rider;
- the date of Termination of the Spousal Discount Rider; or
- the date the Insured Spouse's Spousal Discount Rider terminates.

Signed for the Company in Minneapolis, Minnesota, and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

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ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

CONTINGENT BENEFIT UPON LAPSE ENDORSEMENT

This Endorsement provides benefits if a substantial premium increase occurs, subject to the conditions listed below.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Contingent Benefit Upon Lapse

If the Contract has been In Force and premiums have been paid for at least three full Policy Years and we:

(a) Increase the premium rates under the Contract (we will notify you in writing at least 60 days before your premium changes) which results in a cumulative increase of the annual premium equal to or exceeding the percentage of your initial annual premium, as set forth in the Triggers for Substantial Premium Increase Table; then

(b) The following options will become available under the Contract:

1. The Facility Care Daily Benefit shown on the Policy Schedule may be reduced. This may be accomplished by reduction of the Facility Care Daily Benefit (subject to its availability) to provide for an amount that the current premium payable under the Contract will purchase. This will also reduce the Maximum Lifetime Benefit. Reduction of the Facility Care Daily Benefit must be elected within 120 days of a Substantial Premium Increase as described above and will not be subject to evidence of insurability; or
2. The Contract may be converted to a paid-up status with the Shortened Benefit Period described below. This option may be elected at any time within 120 days of a Substantial Premium Increase, as described above. In addition, if the Contract Lapses for nonpayment of premium during this 120-day period, this option will automatically be provided under the Contract.

Benefits paid by the insurer while the policy is in premium paying status and in paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

Shortened Benefit Period

Your coverage will continue and the Facility Care Daily Benefit will be payable based on the Facility Care Daily Benefit shown on the Policy Schedule (and any previous increases due to a benefit increase Rider) in effect on the date of Lapse. No further benefit increases will occur under any benefit increase Rider, if attached to the policy.

The Maximum Lifetime Benefit becomes equal to the greater of: (a) the total of premiums paid for the policy and all Riders; or (b) thirty times the Facility Care Daily Benefit in effect on the date of Lapse. This adjusted benefit amount replaces the Maximum Lifetime Benefit in effect on the date of Lapse. Any benefits paid to you after the Contract Lapses will be subtracted from this new Maximum Lifetime Benefit.

Your coverage under this Endorsement is subject to the same policy benefit provisions, Elimination Period, Limitations and Exclusions, and all other provisions of the policy and attached Riders that were in effect prior to the date of Lapse, except any benefit increase Rider, if attached to the policy.

Triggers for Substantial Premium Increases Table

Issue Age	Percent Increase Over Initial Premium
18-29	200%
30-34	190
35-39	170
40-44	150
45-49	130
50-54	110
55-59	90
60	70
61	66
62	62
63	58
64	54
65	50
66	48
67	46
68	44
69	42
70	40
71	38
72	36
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81	19
82	18
83	17
84	16

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

FACILITY CARE ONLY POLICY ENDORSEMENT

This Endorsement deletes any reference in the policy to "Home and Community Care," thus making it a Facility Care Only policy.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

**Guide to Policy
Benefits and
Provisions**

The reference to the "Home and Community Care Benefit" is deleted.

**Definitions
Section**

The reference to "Home and Community Care" in the "Elimination Period" definition is deleted.

The "Home and Community Care" definition is deleted.

The "Home and Community Care Daily Benefit" definition is deleted.

**Eligibility for the
Payment of
Benefits Section**

The reference to the "Home and Community Care Daily Benefit" in the "Benefit Payments" provision is deleted.

**General Benefit
Information
Section**

The "Home and Community Care Benefit" provision is deleted.

The second bullet with respect to "Home and Community Care" and the "Home and Community Care Daily Benefit" in the "Respite Care Benefit" provision is deleted.

The references to the "Home and Community Care Daily Benefit" in the "International Coverage Benefit" provision are deleted.

**Riders and
Endorsements**

Any references to "Home and Community Care" in any Riders or Endorsements attached to the policy are deleted.

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[]

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[]

[Charles Kavitsky]
[President]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

INTERNATIONAL COVERAGE BENEFIT ENDORSEMENT

This Endorsement provides benefits if you are outside the fifty United States, the District of Columbia, or Canada, subject to the conditions listed below.

The Company has issued this Endorsement as a part of the policy to which it is attached. This Endorsement is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Endorsement.

Definitions

International Coverage Maximum Lifetime Benefit is the total amount we will pay in your lifetime for all benefits (other than the Waiver of Premium Benefit) provided under the International Coverage Benefit. The International Coverage Maximum Lifetime Benefit is calculated as 70% of the Facility Care Daily Benefit times 730 days.

International Coverage Remaining Lifetime Benefit on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit, if any, on the previous Policy Anniversary less the total of all applicable claims paid up to the current Policy Anniversary.

International Coverage Benefit

If you require Qualified Long Term Care Services, which would otherwise be covered under the Contract, while you are outside the fifty United States, the District of Columbia, or Canada, we will pay the International Coverage Benefit if:

- You are in a designated country as defined in the Visa Waiver Program (VWP);
- You are eligible for Benefit Payments;
- You provide us with Proof of Loss and a properly completed Claim Form;
- You provide us with a written certification, completed within the previous 12 months by a similarly accredited Physician or Registered Professional Nurse, verifying that you are Chronically Ill; and
- You provide us with a written Plan of Care.

For Qualified Long Term Care Services received outside the fifty United States, the District of Columbia, or Canada, we will pay actual expenses up to 70% of the Facility Care Daily Benefit or Home and Community Care Daily Benefit.

All benefits paid under the International Coverage Benefit accumulate toward the Maximum Lifetime Benefit and the International Coverage Maximum Lifetime Benefit. No further benefits will be paid under the International Coverage Benefit once the Maximum Lifetime Benefit or the International Coverage Maximum Lifetime Benefit has been exhausted.

All required documentation must be provided to us in English. Any benefits paid will be paid in United States currency.

Under this Endorsement, no benefits will be payable for the following Riders, if attached to the policy: Waiver of Home and Community Care Elimination Period Rider, Calendar Day Elimination Period Rider, Comprehensive Monthly Indemnity Benefit Rider, Home and Community Care Monthly Benefit Rider, Home and Community Care Monthly Indemnity Benefit Rider, Restoration of Benefits Rider, Spousal Shared Care Rider, and Spousal Waiver of Premium Rider.

For a list of designated countries, as defined in the Visa Waiver Program, please write or call us at the address or telephone number shown on the first page of the policy. If the Visa Waiver Program is discontinued, the succeeding, or a similar, program will apply.

**Compound
Benefit Increase
Riders**

If there is a compound benefit increase Rider attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Maximum Lifetime Benefit on the current Policy Anniversary is the International Coverage Maximum Lifetime Benefit on the previous Policy Anniversary, increased by the applicable percentage of the International Coverage Remaining Lifetime Benefit on the current Policy Anniversary. Any limits or increases specified by the compound benefit increase Rider also apply to increases to the International Coverage Maximum Lifetime Benefit. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

**Simple Benefit
Increase Rider**

If the Simple Benefit Increase Rider is attached to the policy, on each Policy Anniversary, the International Coverage Maximum Lifetime Benefit will be increased as follows:

The International Coverage Remaining Lifetime Benefit will also increase by the same proportion as the increase in the daily benefits. Once the International Coverage Maximum Lifetime Benefit has been exhausted, no further increases for such benefit will occur.

Signed for the Company in Minneapolis, Minnesota and effective on the Effective Date of the policy.

[

[Suzanne J. Pepin]
[Senior Vice President, Secretary
and Chief Legal Officer]

[

[Charles Kavitsky]
[President]

Allianz 

¹ [Long Term Care: Baby Boom Generation Increases Challenge of Financing Needed Services, United States General Accounting Office, March 2001]
WS1-VA

What elimination period are you considering?

Number of days _____ Approximate cost \$ _____ for that period of care.

How are you planning to pay for your care during the elimination period? (check one)

☐ From my Income ☐ From my Savings\Investments ☐ My Family will Pay

**Questions Related to Your Savings and Investments
(to be filled out by applicant)**

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ Under \$20,000 ☐ \$20,000-\$30,000 ☐ \$30,000-\$50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ Stay about the same ☐ Increase ☐ Decrease

If you are buying this policy to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

**Disclosure Statement
(to be filled out by applicant)**

- ☐ The answers to the questions above describe my financial situation.
Or
☐ I choose not to complete this information. **(If this box is checked, agent and applicant must complete next sections in order for application to be processed.)**

(One of the above boxes, as well as the below box, must be checked.)

PLEASE READ – THE BELOW BOX MUST BE CHECKED

- ☐ I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Signed: _____
(Applicant) (Date)

- ☐ I explained to the applicant the importance of completing this information.

Signed: _____
(Agent) (Date)

Agent's Printed Name: _____

In order for us to process your application, please return this signed statement to Allianz Life Insurance Company of North America along with your application.

My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.

Signed: _____
(Applicant) (Date)

The company may contact you to verify your answers.



**Long Term Care Insurance
Potential Rate Increase Disclosure Form**

1. **Premium Rate:** The premium rate that is applicable to you and that will be in effect until a request is made and approved for an increase is \$[____].
2. **The premium for this policy will be shown on the schedule page of your policy.**
3. **Rate Schedule Adjustments:** Premium rate adjustments will be effective on the next policy anniversary date.
4. **Potential Rate Revisions:**

This policy is Guaranteed Renewable. This means that the rates for this product may be increased in the future. Your rates can NOT be increased due to your increasing age or declining health, but your rates may increase based, by class for everyone in your state, on the experience of this policy form. We will notify you in writing at least 60 days before your premium changes.

If you receive a premium rate or premium rate schedule increase in the future, you will be notified of the new premium amount and you will be able to exercise at least one of the following options:

- Pay the increased premium and continue your policy in force as is.
- Reduce your policy benefits to a level such that your premiums will not increase. (Subject to state law minimum standards.)
- Exercise your nonforfeiture option if purchased. (This option is available for purchase for an additional premium.)
- Exercise your contingent nonforfeiture rights.* (This option may be available if you do not purchase a separate nonforfeiture option.)

***Contingent Nonforfeiture**

If the premium rate for your policy goes up in the future and you didn't buy a nonforfeiture option, you may be eligible for contingent nonforfeiture. Here's how to tell if you are eligible:

You will keep some long-term care insurance coverage, if:

- Your premium after the increase exceeds your original premium by the percentage shown (or more) in the following table; and
- You lapse (not pay more premiums) within 120 days of the increase.

The amount of coverage (i.e., new lifetime maximum benefit amount) you will keep will equal the total amount of premiums you've paid since your policy was first issued. If you have already received benefits under the policy, so that the remaining maximum benefit amount is less than the total amount of premiums you've paid, the amount of coverage will be that remaining amount.

Except for this reduced lifetime maximum benefit amount, all other policy benefits will remain at the levels attained at the time of the lapse and will not increase thereafter.

Should you choose this Contingent Nonforfeiture option, your policy, with this reduced maximum benefit amount, will be considered "paid-up" with no further premiums due.

Example:

- You bought the policy at age 65 and paid the \$1,000 annual premium for 10 years, so you have paid a total of \$10,000 in premium.
- In the eleventh year, you receive a rate increase of 50%, or \$500 for a new annual premium of \$1,500, and you decide to lapse the policy (not pay any more premiums).
- Your "paid-up" policy benefits are \$10,000 (provided you have at least \$10,000 of benefits remaining under your policy.)

**Contingent Nonforfeiture
Cumulative Premium Increase Over Initial Premium
that qualifies for Contingent Nonforfeiture**

(Percentage increase is cumulative from the date of original issue. It does NOT represent a one-time increase.)

Issue Age	Percent Increase Over Initial Premium
29 and under	200%
30-34	190%
35-39	170%
40-44	150%
45-49	130%
50-54	110%
55-59	90%
60	70%
61	66%
62	62%
63	58%
64	54%
65	50%
66	48%
67	46%
68	44%
69	42%
70	40%
71	38%
72	36%
73	34%
74	32%
75	30%
76	28%
77	26%
78	24%
79	22%
80	20%
81	19%
82	18%
83	17%
84	16%

Allianz Life Insurance Company of North America
P.O. Box 1292
Minneapolis, MN 55440-1292
1-800-950-7372

Generation Protector Illustration

A Long Term Care Insurance Policy

Prepared for:

[Mr. Client]

[and]

[Mrs. Client]

Presented by:

[Agent Name]

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is [10-P-Q-VA].

QUALIFIED TAX STATUS: This illustrates a Long Term Care policy intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

GUARANTEED RENEWABLE: The policy is guaranteed renewable for life. Premium rates are subject to change. You may renew the policy for the rest of your life. To renew, just pay the premium due. It must be paid on or before the due date. We cannot refuse to renew the policy if the premium is paid on time. [The policy will be paid-up once you have paid premiums until the later of the first policy anniversary after attained age 80 or 15 policy years.] Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mr. Client][Preferred]

[Male] Age:[65]

Elimination Period: [90 days]

[Total Spousal][Annual] Premium: \$[3,990.84]

Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	\$[100]
Home and Community Care Daily Benefit	\$[100]
Benefit Period	[5] years
Maximum Lifetime Benefit	\$[182,500]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider

If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider

Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

PREMIUMS

Comprehensive Care Plan	[\$1,030.00]
[5% Lifetime Compound Benefit Increase Rider]	[\$947.60]
[Shortened Benefit Rider]	[\$514.18]
[Restoration of Benefits Rider]	[\$99.67]
TOTAL ANNUAL PREMIUM	[\$2,591.45]
[TOTAL ANNUAL PREMIUM LESS SPOUSAL POLICY DISCOUNT]	[\$1,814.02]

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

**[Allianz Life Insurance Company of North America
Generation Protector
Basic Plan**

[Mrs. Client][Preferred]

[Female] Age:[65]

Elimination Period: [90 days]

[Total Spousal][Annual] Premium: \$[3,990.84]

Needs to be satisfied only once

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	\$[120]
Home and Community Care Daily Benefit	\$[120]
Benefit Period	[5] years
Maximum Lifetime Benefit	\$[219,000]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider

If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider

Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

PREMIUMS

Comprehensive Care Plan	[\$1,236.00]
[5% Lifetime Compound Benefit Increase Rider]	[\$1, 137.12]
[Shortened Benefit Rider]	[\$617.01]
[Restoration of Benefits Rider]	[\$ 119.61]
TOTAL ANNUAL PREMIUM	[\$3,190.74]
[TOTAL ANNUAL PREMIUM LESS SPOUSAL POLICY DISCOUNT]	[\$2,176.82]]

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America Generation Protector Supplement

As we grow older, the risk of needing continued care at home or the possibility of a prolonged Nursing Home stay continues to increase. Long Term Care services range from help with day to day activities (such as bathing or dressing) to more complex services such as Nursing Care.

The need for Long Term Care services may suddenly arise from an accident, major illness, such as stroke or heart attack, or gradually become evident as more and more assistance is needed with the activities of daily living.

The cost for these services can be substantial. Long Term Care Insurance provides the means to help pay for the services needed and maintain your financial and emotional independence.

Your Allianz Life Representative will work with you to select the plan which best meets your needs. Today, you are healthy and active with a good chance to qualify, so why wait?

Still, Long Term Care Insurance may not be suitable for everyone. Carefully examine your own individual needs, health status, retirement objectives and financial resources. A review of your financial assets, the reasons you want to protect them and your ability to pay the premiums will help determine if Long Term Care Insurance is right for you. Your Allianz Life Representative will work with you to select the plan which best meets your needs.

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America
P.O. Box 1292
Minneapolis, MN 55440-1292
1-800-950-7372

Generation Protector Illustration
A Long Term Care Insurance Policy

Prepared for:
[Mrs. Client]

Presented by:
[Joe Agent]

This illustration is a general description of benefits selected and is not a contract. Please refer to the accompanying Outline of Coverage for details. Specific benefits payable are governed by the policy form for your state. The policy form number illustrated is [10-P-Q-VA]

QUALIFIED TAX STATUS: This illustrates a Long Term Care policy intended to qualify for favorable federal tax treatment. As such, it must meet certain federal standards, in addition to all applicable standards in the state in which this Contract was issued or issued for delivery. If you have any questions regarding the tax qualifications of this Contract, you should direct such questions to the appropriate federal agency, or you should contact your tax advisor.

GUARANTEED RENEWABLE: The policy is guaranteed renewable for life. Premium rates are subject to change. You may renew the policy for the rest of your life. To renew, just pay the premium due. It must be paid on or before the due date. We cannot refuse to renew the policy if the premium is paid on time. [The policy will be paid-up once you have paid premiums until the later of the first policy anniversary after attained age 80 or 15 policy years.] Premium rates are guaranteed not to change for the first five policy years. After the fifth year, the company may change the premium rates, but only if we base the premium change, by class for everyone in your state, on the experience of this policy form. We will give you at least 60 days written notice at your last address shown on our records before we change your premium rates.

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mrs. Client] [Preferred]

Elimination Period: [90] days

Needs to be satisfied only once

[Female] Age:[60]

[Annual] Premium: \$[1,607.46]

POLICY BENEFITS SELECTED

Facility Care Daily Benefit	\$[120]
Home and Community Care Daily Benefit	\$[120]
Benefit Period	[5] years
Maximum Lifetime Benefit	\$[219,000]
Elimination Period	[90] days

OPTIONAL BENEFITS SELECTED

Illustrated values include the following additional benefits:

[5% Lifetime Compound Benefit Increase Rider

Each year your Facility Care Daily Benefit and remaining Maximum Lifetime Benefit both increase by 5% of the previous year's amounts.]

[Shortened Benefit Rider

If you lapse your policy after 3 years, coverage will continue until the total of benefits paid equals the greater of the total premiums you paid or thirty times the Facility Care Daily Benefit in effect on the date of the lapse.]

[Restoration of Benefits Rider

Restores the full maximum value of benefits after you recover from an illness and your benefits are not payable for 180 consecutive days.]

[Accelerated Premium Rider

Accelerate premium payments during the first ten policy years, then pay lower premium amount as you mature.]

This is an illustration only, not an offer, contract, or promise of future policy performance.
Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all [4] pages.

Allianz Life Insurance Company of North America
Generation Protector
Basic Plan

[Mrs. Client][Preferred]

Elimination Period: [90] days

Needs to be satisfied only once

[Female] Age:[60]

[Annual] Premium: \$[1,607.46]

PREMIUMS (Premium adjustments associated with the Accelerated Premium Rider are included in these figures)

Premium for first ten policy years:

Comprehensive Care Plan	[\$1,192.80]
[5% Lifetime Compound Benefit Increase Rider]	[\$1,300.15]
[Shortened Benefit Rider]	[\$ 598.31]
[Restoration of Benefits Rider]	[\$ 123.65]

TOTAL ANNUAL PREMIUM YEARS 1-10	[\$3,214.91]
[TOTAL ANNUAL PREMIUM LESS MARRIED POLICY DISCOUNT	\$2,732.67]

Premium for policy years eleven and beyond:

Comprehensive Care Plan	[\$ 596.40]
[Lifetime Compound Benefit Increase Rider]	[\$ 650.08]
[Shortened Benefit Rider]	[\$ 299.16]
[Restoration of Benefits Rider]	[\$ 61.83]

TOTAL ANNUAL PREMIUM YEARS 11+	[\$1,607.46]
[TOTAL ANNUAL PREMIUM LESS MARRIED POLICY DISCOUNT	\$1,366.34]

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Allianz Life Insurance Company of North America

Generation Protector

Supplement

As we grow older, the risk of needing continued care at home or the possibility of a prolonged Nursing Home stay continues to increase. Long Term Care services range from help with day to day activities (such as bathing or dressing) to more complex services such as Nursing Care.

The need for Long Term Care services may suddenly arise from an accident, major illness, such as stroke or heart attack, or gradually become evident as more and more assistance is needed with the activities of daily living.

The cost for these services can be substantial. Long Term Care Insurance provides the means to help pay for the services needed and maintain your financial and emotional independence.

Your Allianz Life Representative will work with you to select the plan which best meets your needs. Today, you are healthy and active with a good chance to qualify, so why wait?

Still, Long Term Care Insurance may not be suitable for everyone. Carefully examine your own individual needs, health status, retirement objectives and financial resources. A review of your financial assets, the reasons you want to protect them and your ability to pay the premiums will help determine if Long Term Care Insurance is right for you. Your Allianz Life Representative will work with you to select the plan which best meets your needs.

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Allianz Life Insurance Company of North America

Post Office Box 1292
Minneapolis, Minnesota 55440-1292

ACTUARIAL MEMORANDUM

LONG TERM CARE INSURANCE POLICY AND RIDERS:

Series 10-P-Q

I. PURPOSE OF MEMORANDUM

The purpose of this memorandum is to provide actuarial information supporting rates for Allianz' Individual Long Term Care Product and to demonstrate the reasonableness of benefits relative to premiums. This filing is not intended to be used for other purposes.

II. MARKETING METHOD

Sales will be conducted by individual agents, who will sell primarily on an individual policy basis. The majority of policies are expected to be issued to ages 50 – 70.

III. UNDERWRITING METHODOLOGY

Strict underwriting criteria are administered with frequent utilization of medical records, paramedical functional assessments, and personal history interviews.

IV. POLICY INFORMATION

This plan is a Guaranteed Renewable, Tax Qualified, Individual Long Term Care Product. Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the Limited Pay Rider or Accelerated Premium Rider. Premium rates are guaranteed for the first five years of the policy.

Several coverage options are available, and are detailed later in this memo:

- Various Maximum Benefit Periods
- Various Daily Benefit Amounts
- Various Elimination Periods
- Facility Care Plan with three Home and Community Care Benefit levels
- Separate rates for Preferred Plus, Preferred, Standard, Class I, and Class II lives
- Separate rates for spousal, married and single lives

In addition, several optional riders are available as described below.

V. ELIGIBILITY CRITERIA

To be eligible for benefits:

- The insured must need substantial assistance to perform at least two out of six activities of daily living (ADLs) for at least 90 consecutive days due to a loss of functional capacity; or
- The insured requires substantial supervision due to a cognitive impairment.

The six ADLs are bathing, continence, dressing, eating, toileting, and transferring.

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VI. BENEFIT AMOUNT

Policies are available with a benefit period of 2, 3, 4, 5, or 8 years, or lifetime. The Maximum Lifetime Benefit is a single pool of money calculated as the Facility Care Daily Benefit times 365 times the benefit period (in years). The Facility Care Daily Benefit can vary from \$100 to \$500, in increments of \$10. The Home and Community Care Daily Benefit is 70, 100, or 130% of the Facility Care Daily Benefit.

VII. ELIMINATION PERIOD

Policies are available with an elimination period of 7, 30, 60, 90, or 180 days. Each day of covered services counts toward the elimination period (days need not be consecutive). The elimination period must be satisfied only once for the life of the policy.

VIII. BASE POLICY BENEFITS

- A. Facility Care Benefit – Reimbursement of expenses incurred up to the Facility Care Daily Benefit for care provided in a nursing facility or assisted living facility. Benefits paid are deducted from the Maximum Lifetime Benefit.
- B. Home and Community Care Benefit – This benefit reimburses expenses incurred up to the Home and Community Care Daily Benefit for adult day care, home care, and hospice care. Home care includes professional nursing care, care by a home health aide, therapeutic care, and homemaker services. Benefits paid are deducted from the Maximum Lifetime Benefit.
- C. Alternative Plan of Care Benefit – This benefit provides for services or care not normally covered under other benefit provisions in the policy, for example, equipment purchases or rentals, or modifications to the home. Benefits paid are deducted from the Maximum Lifetime Benefit.
- D. Bed Reservation Benefit – If the insured temporarily leaves the care facility, this benefit will continue to pay the Facility Care Benefit as if they were still confined to that facility. This benefit is payable for a maximum of 60 days per calendar year. Benefits paid are deducted from the Maximum Lifetime Benefit.
- E. Caregiver Training Benefit – A one time benefit equal to five times the Facility Care Daily Benefit is available to reimburse expenses incurred for an informal caregiver to receive training to take care of the insured at home. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.
- F. Respite Care Benefit – This benefit reimburses expenses incurred up to the Facility Care Daily Benefit, or Home and Community Care Daily Benefit, as appropriate, for short term care to relieve an informal care giver. This benefit is available for up to 30 days per calendar year. The elimination period does not apply to this benefit, and benefits paid are deducted from the Maximum Lifetime Benefit.
- G. Nursing Facility Recovery Benefit – If Facility Care Benefits are paid for 12 continuous months, and the insured recovers (is no longer chronically ill), the policy becomes paid up.
- H. Waiver of Premium Benefit – If the insured is eligible to receive benefits, their premiums will be waived as they come due. This benefit does not reduce the Maximum Lifetime Benefit.



- I. Care Coordination Advisor Benefit – The insured may choose to utilize the services of a care coordination advisor to help determine and monitor their care. This service is not required to obtain benefits under the policy, and it will not reduce the Maximum Lifetime Benefit.

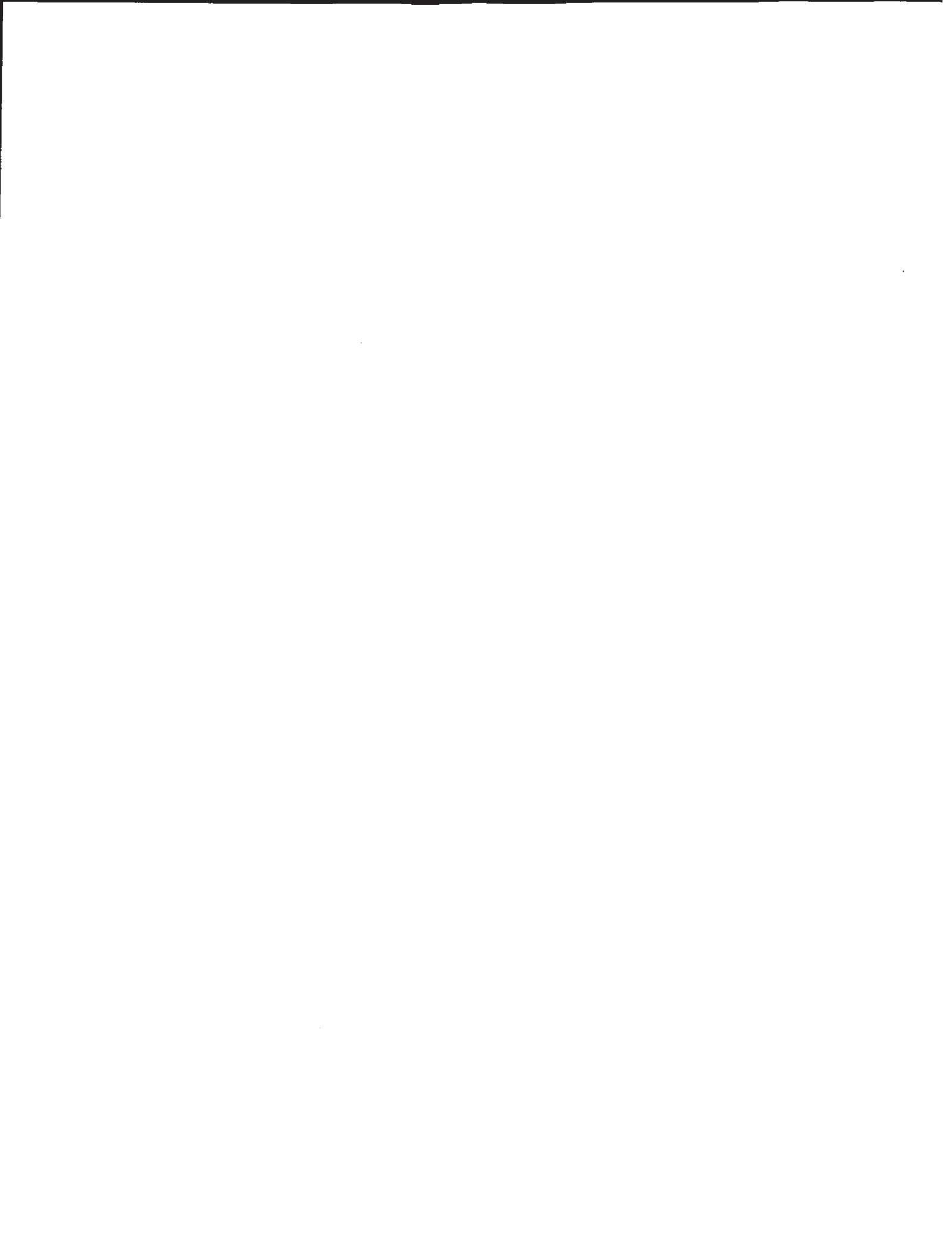
IX. OPTIONAL BENEFIT RIDERS

A. NONFORFEITURE BENEFITS:

1. Shortened Benefit Rider - This rider provides the nonforfeiture benefit as adopted by the NAIC. If the policy has been in force for at least three years and lapses due to nonpayment of premiums, coverage will continue but the maximum benefit payable is limited the total premiums paid for the contract, subject to a minimum of thirty times the Facility Care Daily Benefit. No further benefit increases will occur under any inflation protection rider, if attached to the policy.
2. Return of Premium Upon Death Rider – At the death of the insured, this rider pays a benefit equal to the total premium paid less benefits paid.
3. Full Return of Premium Upon Death Rider – At the death of the insured, this rider pays a benefit equal to the total premium paid.
4. Contingent Benefit Upon Lapse – This benefit is provided (without charge) if the Shortened Benefit Rider is not chosen. If the cumulative premium increase is considered substantial, the insured has the option to convert the coverage to a paid-up status with a shortened benefit period.

B. INFLATION PROTECTION (only one benefit in this section may be elected):

1. 3% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 3%, compounded annually. Increases are made regardless of claim status.
2. 4% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 4%, compounded annually. Increases are made regardless of claim status.
3. 5% Lifetime Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually. Increases are made regardless of claim status.
4. Two Times Compound Benefit Increase Rider – This rider increases the daily benefit and remaining lifetime benefit by 5%, compounded annually, until the daily benefit equal two times the original daily benefit. Increases are made regardless of claim status.
5. Simple Benefit Increase Rider – This rider increases the daily benefit by 5% of the original amount issued. The remaining lifetime benefit will be increased by the same proportion as the daily benefit. Increases are made regardless of claim status.



C. BASE BENEFIT ENHANCEMENTS:

1. Restoration of Benefits Rider – The Maximum Lifetime Benefit is restored if, for 180 consecutive days, the insured is not receiving benefit payments, is not eligible for benefits, and is no longer chronically ill.
2. Comprehensive Monthly Indemnity Benefit Rider – A monthly indemnity benefit is payable in any month that a benefit payment is received on the base policy (except for Alternative Plan of Care Benefits). This number of benefit payments is limited to the lesser of two times your Benefit Period in months or 120 Monthly Indemnity Benefit payments.
3. Home Care Monthly Indemnity Benefit Rider – A monthly indemnity benefit is payable in in any month that a Home and Community Care benefit payment is received on the base policy (except for Alternative Plan of Care Benefit). This number of benefit payments is limited to the lesser of two times your Benefit Period in months or 120 Home Care Monthly Indemnity Benefit payments.
4. Home and Community Care Monthly Benefit Rider – The Maximum Home and Community Care Benefit will be a monthly limit versus a daily limit. The Maximum monthly benefit equals the number of days in the month times the Home and Community Care Daily Benefit on a monthly basis for the actual expenses incurred during the month.
5. Calendar Day Elimination Period Rider – This rider changes the elimination period from service days to calendar days. Each calendar day beginning with the first day that you receive Qualified Long Term Care Services until you are no longer Chronically Ill will count toward your Elimination Period.
6. Waiver of the Home and Community Care Elimination Period Rider – This rider waives your elimination period while you are receiving Home and Community Care. In addition, each day that you receive Home and Community Care Benefits will count towards your elimination period.

D. PREMIUM PAYMENT OPTIONS:

1. Limited Pay Rider – The policy will become paid up at the later of age 80 or 15 policy years.
2. Accelerated Premium Rider – In the first ten policy years, the insured pays a higher premium than would have been paid without the rider, and in years eleven and beyond, pays a lower premium than would have been paid without the rider.

E. SPOUSAL RIDER BENEFITS:

1. Spousal Discount Rider – A 30% premium discount is provided to both insureds provided they live together, are married, and each purchase a contract.
2. Married Discount Rider - A 15% premium discount is provided to the insured provided the insured is married and lives with his or her spouse.
3. Spousal Shared Care Rider – If the insured exhausted his Maximum Lifetime Benefit, he may access all but one year of the insured spouse's Maximum Lifetime Benefit. Both insured spouses must purchase this rider to receive this benefit. Upon death of one insured spouse, the

remaining lifetime benefits of the spouse less 365 times the facility care daily benefit, if any are transferred to the surviving insured spouse.

4. Spousal Waiver of Premium Rider – If one insured spouse's premiums are being waived, then the other insured's premium is also waived. Both insured spouses must purchase this rider to receive this benefit.
5. Spousal Survivorship Rider – If the insured spouse dies after both their policy and the other insured's policy have been in force for at least ten years, then the survivor's policy becomes paid up. Both insured spouses must purchase this rider to receive this benefit.

X. ACTUARIAL ASSUMPTIONS

- A. Morbidity - Claim costs were provided by Milliman USA based on their internal long term care guidelines. These guidelines have been developed by several Milliman USA offices and reflect actual experience of various carriers, numerous studies of non-insurance data and judgement.

Claim costs are adjusted to reflect:

- Underwriting and issue criteria
- Reduced exposure for insureds already in the nursing home
- Waiver of premium benefits
- Salvage
- Other additional and optional benefits

- B. Persistency – Lapse rates vary by COLA option, duration and premium payment pattern. They are based on our own insured experience.

For policies with no inflation protection

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	7%	7%	7%
2	5	5	5
3	4	4	4
4	3	3	3
5-9	2.5	2.5	2.5
10	2.5	2.5	2
11	2.5	2	2
12	2.5	1.5	2
13	2.5	1	2
14	2.5	0.5	2
16+	2.5	0*	2

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For policies with 5% Lifetime Compound Benefit Increase Rider

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	5%	5%	5%
2	3	3	3
3	2	2	2
4	1.5	1.5	1.5
5-9	1.5	1.5	1.5
10	1.5	1.5	1
11	1.5	1.2	1
12	1.5	0.9	1
13	1.5	0.6	1
14	1.5	0.3	1
16+	1.5	0*	1

For policies with 3%, 4% Lifetime Compound Benefit Increase Rider
Or Simple Benefit Increase Rider

Duration	Lifetime Premium	Limited Pay Premium	Accelerated Premium
1	6%	6%	6%
2	4	4	4
3	3	3	3
4	2	2	2
5-9	2	2	2
10	2	2	1.5
11	2	1.6	1.5
12	2	1.2	1.5
13	2	0.8	1.5
14	2	0.4	1.5
16+	2	0*	1.5

* Assume 0% beginning at the later of year 16 or age 81.

C. Mortality - 1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+), and with future mortality improvements that match morbidity improvements: 1% per year for 8 years for ages 65 and younger. For ages 66 and older, 1% per year for 5 years.

D. Commissions - There are two options:

Issue Age	Year 1	Years 2 - 10	Years 11+
Option 1	99%	12%	6%
Option 2	84%	14%	14%

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E. Expenses -

Acquisition (per life):

Age 42	Age 47	Age 52	Age 57	Age 62	Age 67	Age 72	Age 77	Age 82
\$550	575	600	625	650	675	700	725	750

Maintenance Expense: \$60 all years

Claims Administration: 5% of incurred claims

Premium Tax: 2.5% of premium

F. Investment Income – 6.5% in all years

- G. Statutory Reserves - Policy reserves are based on claim costs developed for this plan. A one-year preliminary term method with 1994 GART mortality and 4.5% interest has been used. Lapse rates and selection factors are included in the reserve calculations. A complete description of the Statutory Reserves is located in Attachment 5 and sample calculations are in Exhibits 1 and 2.

This reserve basis is consistent with the current NAIC "Health Insurance Reserves Model Regulation".

A table of anticipated policy reserves is found in Attachment 4.

Claim reserves are based on the claim amount, the 1985 Non Nursing Home Study, and 4.5% interest. The inflation protection riders are incorporated via multiplying the daily benefit in future years.

H. Distribution of Business – The following is the expected distribution of business.

Male	45%
Female	55

2 Year Benefit	2%
3 Year Benefit	16
4 Year Benefit	8
5 Year Benefit	26
8 Year Benefit	6
Lifetime Benefit	42

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18-44	3%
45-49	6
50-54	15
55-59	25
60-64	22
65-69	20
70-74	6
75-79	2
80-84	1

- I. Average Issue Age – The expected median issue age is 60.
- J. Average Annual Premium – The expected average annual individual premium, including riders, is \$1,756.
- K. The model was run with the moderately adverse conditions listed below and under them the IRR remained at an acceptable level.
 - 10% increase in claim costs
 - 1% lower lapse rates in all years
 - 1% lower return on investment income
 - a combination of a 5% increase in claim costs plus a 0.5% lower lapse rates in all years plus a 0.5% lower return on investment income.
- L. Premiums were developed using the assumptions detailed in this memo taking into account company profit goals and moderately adverse experience. Both IRR and profit margin were used to measure profitability.

XI. GROSS PREMIUMS AND PREMIUM FACTORS:

This plan is a guaranteed renewable individual long term care product.

Premiums are unisex, vary by issue age, and are guaranteed for the first five years of the policy. Premiums are priced to sufficiently cover anticipated costs, and the premium is reasonably expected to be sustainable over the life of the policy with no future premium increase anticipated. A premium increase may be requested, however, due to deviations in actual experience relative to any pricing assumptions, and any change in premium rates will apply to all policies in the same class.

Policies are issued to ages 18-84 on an age last birthday basis. Gross annual premiums for a Preferred risk, 90-day elimination period are shown in Attachment One. Rider Premiums are listed in Attachments Two and Three.

In addition, the rates are subject to the following adjustments and factors for plan variations:

A. Elimination Period Factors -

7 Day	1.30
30 Day	1.20
60 Day	1.08
90 Day	1.00
180 Day	0.90

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- B. Risk Classes - Preferred risk premiums are shown in Attachment One. The following factors are applied to the Preferred Risk premiums to obtain premiums for the other risk classes:

Preferred Plus:	0.85
Preferred:	1.00
Standard	1.20
Select I:	1.50
Select II:	1.80

- C. Discounts - Premium rates will be discounted when the Company negotiates with an association or employer group (which may include family members) who endorses the product to its employees or members. This discount will be 7% for all ages. In addition, there will be a premium discount of 20% for Allianz employees and their families. There will be a reduction in commissions on policies where these discounts are given.

- D. Modal Premium Factors -

0.087 monthly Pre Authorized Check/Electronic Funds Transfer
0.09 monthly List Bill
0.265 quarterly
0.52 semi-annual
1.00 annual

XII. ACTUARIAL CERTIFICATION

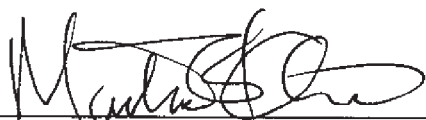
I hereby certify that to the best of my knowledge and judgement, the following are true with respect to this filing:

1. The initial rate premium schedule is sufficient to cover anticipated costs under moderately adverse experience and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increases anticipated;

Premium rates which would apply without the margin for moderately adverse experience would be 8% lower than the premium rates shown in the attachments.

The pricing assumptions used in developing these rates are based on our own company experience wherever possible. In particular, our persistency and expense assumptions are based on our own experience. We have relied on consultants to develop appropriate claim costs, but have validated these claim costs to other claim cost studies as well as to our own experience.

2. Policy design and coverage provided have been reviewed and taken into consideration;
3. Underwriting and claims adjudication processes have been reviewed and taken into consideration;
4. Contract reserves contain reasonable margins for adverse experience;
5. The net valuation premium for renewal years does not increase;
6. The expected difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses;
7. The premium rate schedule is not less than the premium rate schedule for any existing similar policy form available from Allianz Life in this state, except for reasonable differences attributable to benefits.



Martin Kline, F.S.A., M.A.A.A.
Assistant Actuary

8-20-03

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Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period
Rates are per \$10 Facility Care Daily Benefit

Attachment 1

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	26	29	32	34	38	46	27	30	33	35	39	48	30	33	36	39	43	53
41	26	29	32	34	38	46	27	30	33	35	39	48	30	33	36	39	44	53
42	26	29	33	35	39	47	27	30	34	36	40	49	30	34	37	40	44	54
43	27	30	34	36	40	48	28	31	35	37	41	50	31	35	38	41	45	55
44	28	31	34	37	41	49	29	32	35	38	42	51	32	35	39	42	46	56
45	29	32	35	38	42	50	30	33	36	39	43	52	33	36	40	43	48	58
46	29	33	36	39	43	52	30	34	37	40	44	54	33	37	41	44	49	59
47	30	34	37	40	44	53	31	35	38	41	45	55	34	38	42	45	50	60
48	31	35	38	41	45	54	32	36	39	42	46	56	35	39	43	46	51	62
49	32	36	39	42	46	55	33	37	40	43	47	58	36	40	44	47	52	63
50	33	37	40	43	47	57	34	38	41	44	49	59	37	41	45	48	53	65
51	34	38	41	44	48	58	35	39	42	45	50	60	38	42	46	49	55	66
52	35	39	42	45	49	60	36	40	43	46	51	62	39	43	47	50	56	68
53	36	40	43	47	52	63	37	41	45	48	53	65	40	45	49	53	59	71
54	38	42	45	49	54	66	39	43	47	50	56	68	42	47	51	55	61	74
55	40	44	48	51	57	69	41	45	49	53	59	71	44	49	54	58	64	78
56	41	46	50	54	60	72	42	47	52	55	61	74	46	51	56	60	67	81
57	43	48	52	56	62	75	44	49	54	58	64	78	48	54	59	63	70	85
58	46	51	56	60	67	81	47	52	58	62	69	83	51	57	63	67	75	91
59	49	55	60	64	71	86	50	56	62	66	73	89	55	61	67	72	80	97
60	53	58	64	69	76	92	54	60	66	71	79	95	59	65	72	77	86	104
61	56	62	68	73	81	98	57	64	70	75	84	102	62	69	76	82	91	111
62	60	66	73	78	87	104	61	68	75	81	90	109	67	74	82	88	98	119
63	65	72	79	85	94	114	66	74	81	88	97	118	72	80	89	95	106	129
64	71	78	86	92	102	123	72	80	88	95	106	129	78	87	96	104	115	140
65	76	84	93	100	111	134	78	87	96	103	115	140	85	94	104	113	125	152
66	83	92	101	109	121	146	85	94	104	112	125	152	92	102	113	122	136	166
67	90	99	110	118	131	159	92	102	113	122	136	165	100	111	123	133	148	180
68	99	110	121	131	145	176	101	113	125	135	151	183	110	123	136	147	164	199
69	110	121	134	145	161	195	112	124	138	150	167	203	122	135	151	163	182	221
70	121	134	149	161	178	216	124	137	153	166	185	225	135	150	167	181	201	245
71	134	148	164	179	198	239	136	151	169	184	205	249	149	165	185	201	223	271
72	148	163	182	198	219	265	151	167	187	204	227	276	164	182	204	222	248	301
73	163	180	202	220	243	294	167	185	208	226	252	307	182	202	227	247	275	334
74	181	200	224	244	270	327	184	205	230	251	280	341	201	223	251	274	305	372
75	200	221	248	271	300	364	204	227	255	279	311	379	222	247	278	304	339	413
76	221	245	275	300	333	405	226	251	283	310	345	422	246	273	309	337	377	460
77	245	271	304	333	370	450	250	278	314	344	384	469	272	303	342	374	418	511
78	270	298	337	369	411	500	275	306	347	381	426	521	300	333	378	415	464	568
79	297	329	372	410	456	555	303	337	384	422	472	579	331	367	418	460	515	631
80	328	362	412	454	506	617	334	371	425	468	524	643	364	405	463	510	571	701
81	361	399	455	503	561	686	368	409	470	519	581	714	401	446	512	566	634	779
82	398	440	504	558	623	762	406	451	519	575	645	794	442	492	566	627	703	865
83	438	485	557	619	691	846	447	497	574	638	716	882	488	542	626	695	780	961
84	483	534	616	686	766	940	493	548	635	707	794	979	537	597	692	771	866	1,067

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	Limited Pay years 1-10	Accelerated Pay years 11+	SBP	Return of Premium Upon Death	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits	Spousal Shared Care
18-40	2.65	2.24	1.83	1.78	1.60	1.17	1.40	1.20	1.30	1.49	1.15	1.15	2 year	1.08	1.09
41	2.65	2.24	1.83	1.78	1.60	1.17	1.40	1.20	1.30	1.49	1.15	1.15	3 year	1.05	1.08
42	2.65	2.24	1.83	1.78	1.60	1.17	1.40	1.20	1.30	1.49	1.15	1.15	4 year	1.04	1.07
43	2.62	2.22	1.83	1.78	1.60	1.17	1.40	1.20	1.32	1.51	1.15	1.15	5 year	1.04	1.06
44	2.62	2.22	1.83	1.78	1.60	1.17	1.40	1.20	1.34	1.53	1.15	1.15	8 year	1.04	1.04
45	2.57	2.19	1.82	1.77	1.60	1.18	1.40	1.21	1.35	1.56	1.15	1.15	Lifetime	N/A	N/A
46	2.57	2.19	1.82	1.77	1.60	1.18	1.40	1.21	1.37	1.58	1.15	1.15	Restoration of Benefits and Shared Care riders are not available with Lifetime benefit period option.		
47	2.53	2.16	1.82	1.77	1.60	1.18	1.40	1.21	1.39	1.60	1.15	1.15			
48	2.49	2.15	1.82	1.78	1.60	1.19	1.40	1.21	1.41	1.62	1.15	1.15			
49	2.47	2.14	1.81	1.75	1.60	1.19	1.40	1.22	1.43	1.65	1.15	1.15			
50	2.46	2.14	1.81	1.75	1.60	1.20	1.40	1.22	1.45	1.67	1.15	1.15	HCC Monthly Benefit Spousal Waiver of Premium HCC Calendar Day EP Waiver of HCC EP		
51	2.44	2.13	1.80	1.74	1.60	1.20	1.40	1.22	1.47	1.70	1.15	1.15			
52	2.43	2.12	1.80	1.73	1.60	1.21	1.40	1.22	1.49	1.72	1.15	1.15			
53	2.38	2.08	1.78	1.72	1.60	1.23	1.40	1.23	1.52	1.76	1.15	1.15			
54	2.32	2.04	1.75	1.72	1.60	1.24	1.40	1.23	1.56	1.80	1.15	1.15	Elimination Period Factors		
55	2.27	2.00	1.73	1.71	1.60	1.26	1.40	1.23	1.59	1.84	1.15	1.15			
56	2.22	1.97	1.70	1.71	1.60	1.27	1.40	1.23	1.62	1.89	1.14	1.14			
57	2.17	1.93	1.68	1.70	1.60	1.29	1.40	1.24	1.66	1.93	1.14	1.14			
58	2.14	1.91	1.66	1.69	1.60	1.30	1.40	1.24	1.69	1.97	1.14	1.14	7 Day		1.30
59	2.12	1.89	1.64	1.69	1.59	1.31	1.40	1.24	1.73	2.01	1.13	1.13	30 Day		1.20
60	2.09	1.86	1.63	1.68	1.58	1.32	1.40	1.24	1.76	2.05	1.13	1.13	60 Day		1.08
61	2.07	1.84	1.61	1.68	1.58	1.33	1.40	1.25	1.79	2.10	1.12	1.12	90 Day		1.00
62	2.04	1.82	1.59	1.67	1.58	1.34	1.40	1.25	1.83	2.14	1.12	1.12	180 Day		0.90
63	2.00	1.79	1.57	1.65	1.57	1.35	1.40	1.25	1.90	2.23	1.12	1.12	Risk Class Factors		
64	1.96	1.76	1.55	1.63	1.56	1.35	1.40	1.25	1.98	2.33	1.11	1.11			
65	1.92	1.73	1.53	1.62	1.56	1.36	1.20	1.26	2.06	2.43	1.11	1.11			
66	1.89	1.70	1.51	1.60	1.55	1.36	1.20	1.26	2.14	2.53	1.10	1.10			
67	1.85	1.67	1.49	1.58	1.54	1.37	1.20	1.26	2.23	2.64	1.10	1.10	Preferred Plus		0.85
68	1.81	1.64	1.47	1.56	1.53	1.35	1.20	1.26	2.36	2.81	1.09	1.09	Preferred		1.00
69	1.77	1.61	1.45	1.55	1.52	1.32	1.20	1.27	2.50	3.00	1.09	1.09	Standard		1.20
70	1.73	1.58	1.44	1.53	1.51	1.30	1.20	1.27	2.50	3.00	1.09	1.09	Select I		1.50
71	1.69	1.56	1.42	1.52	1.50	1.27	1.20	1.27	2.65	3.19	1.08	1.08	Select II		1.80
72	1.65	1.53	1.40	1.50	1.48	1.25	1.20	1.27	2.80	3.40	1.08	1.08	Modal Premium Factors		
73	1.62	1.51	1.38	1.48	1.46	1.23	1.20	1.27	2.97	3.62	1.08	1.08			
74	1.59	1.48	1.37	1.46	1.47	1.20	1.20	1.28	3.54	4.54	1.08	1.08			
75	1.56	1.46	1.35	1.45	1.45	1.18	1.20	1.28	4.23	5.71	1.07	1.07			
76	1.53	1.43	1.34	1.43	1.44	1.15	1.20	1.28	5.06	7.21	1.06	1.06	Semi-annual		1.000
77	1.50	1.41	1.32	1.41	1.43	1.13	1.20	1.29			1.06	1.06	Quarterly		0.520
78	1.48	1.39	1.31	1.40	1.42	1.12	1.20	1.29			1.05	1.05	Monthly Bill		0.265
79	1.45	1.38	1.30	1.39	1.41	1.11	1.20	1.29			1.05	1.05	Monthly PAC/EFT		0.090
80	1.43	1.36	1.28	1.38	1.40	1.10	1.20	1.29			1.05	1.05	Discount Factors		
81	1.41	1.35	1.27	1.37	1.39	1.09	1.20	1.30			1.04	1.04			
82	1.39	1.33	1.26	1.36	1.38	1.08	1.20	1.30			1.04	1.04			
83	1.37	1.31	1.25	1.35	1.36	1.07	1.20	1.30			1.04	1.04			
84	1.35	1.30	1.24	1.34	1.34	1.06	1.20	1.30			1.04	1.04	Married		0.85
													Spousal		0.70



Rider Premium Rates

Attachment 3

Comprehensive Monthly Indemnity Benefit Rider

Premium per \$250 monthly benefit Premium added to base premium before any premium factors are applied									
Age	2 year	3 year	4 year	5 year	8 year	Lifetime			
18-40	26	28	31	34	37	45			
41	26	29	31	34	38	46			
42	26	29	32	34	38	46			
43	27	30	33	35	39	47			
44	27	30	34	36	40	49			
45	28	31	34	37	41	50			
46	29	32	35	38	42	51			
47	30	33	36	39	43	52			
48	30	34	37	40	44	53			
49	31	34	38	41	45	55			
50	32	35	39	42	46	56			
51	33	36	40	43	47	57			
52	33	37	41	44	48	59			
53	35	39	43	46	51	61			
54	37	41	45	48	53	64			
55	38	43	47	50	56	67			
56	40	45	49	53	58	71			
57	42	47	51	55	61	74			
58	45	50	55	59	65	79			
59	48	53	58	63	70	85			
60	51	57	62	67	75	91			
61	54	60	67	72	80	97			
62	58	65	71	77	85	103			
63	63	70	77	83	93	112			
64	68	76	84	90	101	122			
65	74	82	91	98	109	133			
66	80	89	99	107	119	144			
67	87	97	107	116	129	157			
68	96	107	119	129	143	174			
69	106	118	131	142	158	193			
70	117	130	145	158	176	213			
71	130	144	161	175	195	236			
72	143	159	178	194	216	262			
73	158	176	197	215	240	291			
74	175	195	219	239	266	324			
75	194	215	243	265	296	360			
76	214	238	269	294	328	401			
77	237	264	298	326	365	446			
78	262	291	330	362	404	495			
79	288	320	365	401	449	550			
80	318	353	403	445	498	611			
81	350	389	446	493	552	679			
82	386	428	493	547	613	754			
83	425	472	546	606	680	838			
84	468	520	603	672	754	930			

Home and Community Care Monthly Indemnity Benefit Rider

Premium per \$250 monthly benefit Premium added to base premium before any premium factors are applied									
Age	2 year	3 year	4 year	5 year	8 year	Lifetime			
18-40	13	15	16	18	20	24			
41	14	15	17	18	20	24			
42	14	15	17	18	20	24			
43	14	15	17	18	21	25			
44	14	16	18	19	21	26			
45	15	16	18	19	22	26			
46	15	17	19	20	22	27			
47	16	17	19	20	23	27			
48	16	18	19	21	23	28			
49	16	18	20	21	24	29			
50	17	19	20	22	24	29			
51	17	19	21	22	25	30			
52	18	20	22	23	25	31			
53	18	20	22	24	27	32			
54	19	21	23	25	28	34			
55	20	22	25	26	29	36			
56	21	23	26	28	31	37			
57	22	25	27	29	32	39			
58	24	26	29	31	34	42			
59	25	28	30	33	37	45			
60	27	30	33	35	39	48			
61	29	32	35	38	42	51			
62	31	34	37	40	45	54			
63	33	37	41	44	49	59			
64	36	40	44	48	53	64			
65	39	43	48	52	58	70			
66	42	47	52	56	63	76			
67	46	51	56	61	68	83			
68	51	56	63	68	75	91			
69	56	62	69	75	83	101			
70	62	69	77	83	92	112			
71	68	76	85	92	102	124			
72	75	84	94	102	114	138			
73	83	93	104	113	126	153			
74	92	102	115	126	140	171			
75	102	113	128	139	156	190			
76	113	125	142	155	173	211			
77	125	139	157	172	192	235			
78	138	153	174	190	213	261			
79	152	169	192	211	236	289			
80	167	186	212	234	262	322			
81	184	205	225	259	291	357			
82	203	225	260	288	323	397			
83	224	248	287	319	356	441			
84	246	274	318	354	397	490			

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Anticipated Policy Reserves for Active Lives**Attachment 4**

- The following are anticipated statutory policy reserves for the aggregate policy described in section X.G of the memo.

Year	Change Reserve	Total Reserve
1	0	0
2	1,112	1,112
3	1,083	2,195
4	1,063	3,259
5	1,059	4,318
6	1,036	5,354
7	1,010	6,364
8	984	7,348
9	950	8,298
10	915	9,214
11	880	10,093
12	843	10,937
13	802	11,739
14	755	12,494
15	699	13,193
16	634	13,827
17	570	14,397
18	495	14,892
19	409	15,301
20	311	15,612
21	205	15,817
22	125	15,942
23	36	15,978
24	-58	15,920
25	-159	15,761
26	-267	15,494
27	-325	15,168
28	-390	14,779
29	-458	14,321
30	-535	13,786
31	-627	13,159
32	-659	12,499
33	-700	11,799
34	-747	11,052
35	-803	10,250
36	-859	9,391
37	-848	8,543
38	-837	7,706
39	-823	6,883
40	-809	6,074
41	-777	5,297
42	-704	4,593
43	-634	3,959
44	-570	3,390
45	-515	2,875
46	-468	2,407
47	-409	1,998
48	-355	1,642
49	-307	1,335
50	-265	1,070

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Attachment 5 – Statutory Reserve

Combined with Exhibit 1 the following information provides a complete description of the contract reserves that will be held under this form.

Valuation Method	One year preliminary term
Valuation Process	Seriatim (Policy by Policy)
Interest Rate	4.5%
Type of Factors	Daily interpolation between terminal reserves
Lapse Rate	The lesser of 8% and 80% of pricing lapse rate for durations 1- 4 The lesser of 4% and 100% of pricing lapse rate for durations 5+
Mortality	1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+)
Claim Costs	Identical to those used in pricing
Selection Factors	Identical to those used in pricing for both morbidity and mortality

Exhibit 1 and Exhibit 2 use a policyholder with the following characteristics.

Issue Age	62
Gender	Male
Gross Annual Premium	\$2,333.76
Benefit Period	5 Year
Nursing Home Daily Benefit	\$130
ALF Daily Benefit	\$130
Home and Community Care Daily Benefit	\$130
Elimination Period	90 days
COLA	5%
	Lifetime
	Compound

The total reserve equals the Premium Reserve plus the Contract Reserve. The Premium Reserve is equal to the unearned statutory net valuation premium. The formulas for the Contract Reserve are given below and illustrated in Exhibit 1.

Column Heading on Exhibit 1	Explanation/ Logic
Gross Premium(t)	The Annual Premium paid by the policy holder
Interest	4.5%
Lapse Rate	As described above
Mortality Rate	As described above
Claim Costs	As described above



Discount Factors

Lives(t)

The number of lives remaining at the beginning of duration t. The formula

$$\text{is: if } t=1, 1 \text{ else } \prod_{k=0}^{t-1} (1 - q_{x+k}^d)(1 - q_{x+k}^w).$$

Interest Discount(t)

$$(1+i)^{-(t-1)}$$

Claim Discount

The number of lives that survive to the ½ year mark of duration t given that they survived to duration (t-1). Linear interpolation is used on the

Adjustment(t)

$$\text{factors. } \left(1 + \frac{(1 - q_{x+(t-1)}^d)(1 - q_{x+(t-1)}^w)}{1 + i} \right) * .5$$

Present Value Discounted to issue $PV_0(\text{Gross Premium}(t))$

At duration t = Gross Premium(t) * Lives(t) * Interest Discount(t)

 $PV_0(\text{Claims Costs}(t))$

At duration t = Claims Costs(t)*Lives(t)*Interest Discount(t)* Claim Discount Adjustment(t)

Direct

Renewal Net Premium/ Gross Premium

$$\frac{\sum_{t=2}^{49} PV_0(\text{ClaimCosts}(t))}{\sum_{t=2}^{49} PV_0(\text{GrossPremium}(t))}$$

Net Premium(t)

Net Premium(1) = $PV_0(\text{Claims Costs}(1))$

Net Premium(duration > 1) = Renewal Net/Gross * Gross Premium

Reserve(t)

Reserve(1)=0

$$R_t = \frac{(R_{t-1} + NP_t - (CC_t * CDA_t)) * (1 + i)}{(1 - q_{x+t-1}^w)(1 - q_{x+t-1}^d)}$$

Where

 R_t = Reserve(t) NP_t = Net Premium(t) CC_t = Claims Costs(t) CDA_t = Claim Discount Adjustment

A sample calculation of the total reserve is illustrated in Exhibit 2.



Exhibit 1

STATUTORY

DIRECT

Policy Year	Gross Prem	Interest	Lapse Rate	Mortality Rate	Claim Cost
1	2,333.76	4.50%	4.00%	0.005074	31.88
2	2,333.76	4.50%	2.40%	0.008883	56.21
3	2,333.76	4.50%	1.60%	0.009058	80.26
4	2,333.76	4.50%	1.20%	0.011628	107.87
5	2,333.76	4.50%	1.50%	0.014615	132.43
6	2,333.76	4.50%	1.50%	0.018034	184.40
7	2,333.76	4.50%	1.50%	0.019859	236.18
8	2,333.76	4.50%	1.50%	0.021729	297.82
9	2,333.76	4.50%	1.50%	0.023730	374.62
10	2,333.76	4.50%	1.50%	0.025951	465.27
11	2,333.76	4.50%	1.50%	0.028481	559.28
12	2,333.76	4.50%	1.50%	0.031201	704.23
13	2,333.76	4.50%	1.50%	0.034051	868.22
14	2,333.76	4.50%	1.50%	0.037211	1,071.48
15	2,333.76	4.50%	1.50%	0.040858	1,322.83
16	2,333.76	4.50%	1.50%	0.045171	1,633.08
17	2,333.76	4.50%	1.50%	0.050211	1,908.05
18	2,333.76	4.50%	1.50%	0.055861	2,230.65
19	2,333.76	4.50%	1.50%	0.062027	2,613.18
20	2,333.76	4.50%	1.50%	0.068615	3,062.18
21	2,333.76	4.50%	1.50%	0.075632	3,589.88
22	2,333.76	4.50%	1.50%	0.082510	4,227.80
23	2,333.76	4.50%	1.50%	0.089613	4,980.56
24	2,333.76	4.50%	1.50%	0.097240	5,864.70
25	2,333.76	4.50%	1.50%	0.105782	6,819.44
26	2,333.76	4.50%	1.50%	0.115671	7,958.78
27	2,333.76	4.50%	1.50%	0.126980	9,118.46
28	2,333.76	4.50%	1.50%	0.139452	10,187.87
29	2,333.76	4.50%	1.50%	0.152931	11,376.01
30	2,333.76	4.50%	1.50%	0.167260	12,756.57
31	2,333.76	4.50%	1.50%	0.182281	14,448.91
32	2,333.76	4.50%	1.50%	0.198392	16,368.03
33	2,333.76	4.50%	1.50%	0.215700	18,373.25
34	2,333.76	4.50%	1.50%	0.233606	20,542.88
35	2,333.76	4.50%	1.50%	0.251610	22,893.22
36	2,333.76	4.50%	1.50%	0.269815	25,511.44
37	2,333.76	4.50%	1.50%	0.289277	28,495.27
38	2,333.76	4.50%	1.50%	0.301298	31,845.38
39	2,333.76	4.50%	1.50%	0.317238	34,582.74
40	2,333.76	4.50%	1.50%	0.333461	37,752.67
41	2,333.76	4.50%	1.50%	0.350330	41,341.44
42	2,333.76	4.50%	1.50%	0.368542	45,385.27
43	2,333.76	4.50%	1.50%	0.387655	49,942.88
44	2,333.76	4.50%	1.50%	0.407224	55,067.07
45	2,333.76	4.50%	1.50%	0.425599	60,845.38
46	2,333.76	4.50%	1.50%	0.441935	67,363.14
47	2,333.76	4.50%	1.50%	0.457553	74,753.36
48	2,333.76	4.50%	1.50%	0.473150	83,024.46
49	2,333.76	4.50%	1.50%	0.486745	92,266.62

Discount Factors

Lives(t)	IntDisc	Claim Disc Adj
1.00000	1.00000	0.95700
0.95513	0.95694	0.96377
0.92579	0.91573	0.96855
0.90273	0.87630	0.96723
0.88152	0.83956	0.96440
0.85561	0.80245	0.96279
0.82758	0.76780	0.96193
0.79897	0.73483	0.96105
0.76989	0.70319	0.96011
0.74035	0.67280	0.95906
0.71052	0.64393	0.95787
0.68073	0.61620	0.95659
0.64865	0.58966	0.95524
0.61716	0.56427	0.95375
0.58528	0.53997	0.95204
0.55295	0.51672	0.95000
0.52005	0.49447	0.94763
0.48653	0.47318	0.94497
0.45246	0.45280	0.94206
0.41803	0.43330	0.93895
0.38351	0.41464	0.93569
0.34822	0.39679	0.93241
0.31260	0.37970	0.92908
0.28501	0.36335	0.92546
0.25566	0.34770	0.92143
0.22518	0.33273	0.91678
0.19308	0.31840	0.91145
0.16003	0.30469	0.90557
0.14074	0.29157	0.89922
0.11743	0.27802	0.89246
0.09632	0.26700	0.88538
0.07758	0.25650	0.87779
0.06126	0.24450	0.86963
0.04732	0.23367	0.86120
0.03572	0.22390	0.85278
0.02634	0.21425	0.84460
0.01897	0.20503	0.83684
0.01335	0.19620	0.82929
0.00918	0.18775	0.82178
0.00618	0.17967	0.81413
0.00408	0.17193	0.80618
0.00280	0.16453	0.79760
0.00162	0.15744	0.78850
0.00097	0.15066	0.77937
0.00057	0.14417	0.77071
0.00032	0.13786	0.76301
0.00018	0.13202	0.75565
0.00009	0.12634	0.74830
0.00005	0.12080	0.74189

PV Disc'd to Issue

PV ₀ (Gross Premium(t))	PV ₀ (Claim Cost(t))
2,333.76	30.50
2,133.06	48.64
1,978.50	65.77
1,848.13	82.61
1,725.14	94.41
1,602.32	121.89
1,483.09	144.38
1,370.17	168.04
1,263.44	194.72
1,162.64	222.30
1,067.44	245.03
977.50	282.16
892.63	317.22
812.73	355.88
737.56	398.01
666.80	443.28
600.13	484.96
537.27	485.31
478.13	504.36
422.72	520.80
371.11	534.15
323.38	546.24
279.67	554.50
239.99	558.13
204.21	557.90
172.12	551.86
143.47	510.94
118.06	466.73
95.77	419.77
76.46	373.01
60.02	328.99
48.26	287.40
34.95	213.25
25.84	166.22
18.67	127.03
13.17	94.81
9.08	69.83
6.11	50.02
4.03	34.86
2.59	23.64
1.63	15.47
1.00	9.71
0.59	5.92
0.34	3.50
0.19	2.00
0.10	1.11
0.05	0.59
0.03	0.30
0.01	0.15

Renewal Net Premium/Gross Premium	48.5%
1,132.31	30.50
1,132.31	1,163.39
1,132.31	2,377.17
1,132.31	3,643.87
1,132.31	5,004.77
1,132.31	6,438.88
1,132.31	7,949.00
1,132.31	9,536.09
1,132.31	11,204.68
1,132.31	12,951.17
1,132.31	14,784.38
1,132.31	16,703.31
1,132.31	18,678.19
1,132.31	20,703.45
1,132.31	22,758.68
1,132.31	24,822.68
1,132.31	26,872.54
1,132.31	29,211.60
1,132.31	31,536.67
1,132.31	33,937.20
1,132.31	36,390.78
1,132.31	38,830.46
1,132.31	41,178.06
1,132.31	43,344.28
1,132.31	45,203.86
1,132.31	46,615.32
1,132.31	47,924.30
1,132.31	49,104.80
1,132.31	50,107.64
1,132.31	50,775.64
1,132.31	50,748.19
1,132.31	50,809.24
1,132.31	51,000.18
1,132.31	51,384.80
1,132.31	51,827.55
1,132.31	52,608.92
1,132.31	53,120.73
1,132.31	53,382.79
1,132.31	53,333.76
1,132.31	52,802.70
1,132.31	51,857.23
1,132.31	50,842.72
1,132.31	49,706.43
1,132.31	48,309.12
1,132.31	46,270.85
1,132.31	42,737.32
1,132.31	36,094.73
1,132.31	23,844.86
1,132.31	(0.00)

DIRECT	Net Premium	Reserve
		Method = 1YPT

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'communication' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of communication, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information science' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information studies' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information technology' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information systems' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information management' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information policy' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information law' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information ethics' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

The 'information economics' field is defined as:

...the study of the nature, creation, organisation, storage, retrieval, dissemination and use of information, and the study of the social and cultural contexts in which these activities take place. (p. 1)

Exhibit 2 - Sample Calculation of the Reserve

Issue Date 2/17/2003
Paid To Date 2/16/2006
Valuation Date 12/31/2005

Annual Premium \$2,333.76
Fraction of year to next anniversary 0.129

V_{t-1} \$1,163.39

V_t \$2,377.17

Contract Reserve (linear interpolation) \$2,220.88

Premium Reserve \$300.51

Total Reserve \$2,521.39

100

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Allianz 

You can feel
right at home
with **Generation Protector.**



A comprehensive,
cost-effective
solution for
your long term
care needs

Generation ProtectorTM

Allianz Life Insurance Company FILED
of North America

FOR INFORMATION ONLY
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE 7/10/03

BY [Signature]

For Reasons Stated
in Attached Letter

We're not going to tell you that you may need long term care insurance.

Hopefully, you've done some research and reached that conclusion by yourself. So you probably already know:

- At least 40% of people over age 65 will need nursing home care some day, and about 10% will stay five or more years.¹
- The average nursing home stay will cost approximately half a million dollars (\$495,560) by the year 2030.²

But despite everything you know about the costs – and the risks – you still haven't bought a long term care policy. **Why not?**



You want *long term care* insurance that's **more** than just *nursing home* insurance.

It's possible you've always believed long term care insurance was simply coverage for nursing home care. At Allianz Life,[™] however, long term care insurance starts with nursing home coverage, but that's just the beginning.

It's true!

- Approximately **eight million** Americans are receiving health care in their homes right now. That's **FIVE TIMES** the number of people (approximately 1.5 million)³ currently in nursing homes.
- The number of people who receive home health care every year is **greater than the population of 39 of the 50 states** (based upon the US Census Bureau's 2002 population projections).

³"Long-term Care Trends and Demographics: Implications for Financial Planning," Journal of Financial Service Professionals, September 2000

¹AARP Web page "Home and Community-Based Long-Term Care," November 2002

²ACLI study "Can Aging Baby Boomers Avoid the Nursing Home?" March 2000

Right now, you could
be sitting in your future
long term care facility.

You may be sitting at your dining room table. Or relaxing in your favorite recliner. Or maybe you couldn't sleep, so you're sitting up in bed, reading. No matter what room you are in, you're right where you belong – at home.

You are in a place where you are comfortable and secure. There's a good chance someone who cares about you is close by.

That's exactly the reason so many people who need long term care get that care at home. It may also be another reason you haven't purchased long term care insurance.

After all, you know you may need coverage for expensive nursing home care. But in your heart, you know you want to stay in your home as long as you can. And how could you ever afford insurance that covers both?

That's the reason
Generation Protector from
Allianz Life™ makes sense.

Generation Protector is different. It focuses on **who**, not **where**.

So Generation Protector isn't just nursing home insurance – or just home health care insurance. It's more.

Generation Protector provides affordably priced coverage that protects you. It pays you whether you need qualified long term care at home, in your community, at an assisted living facility, or in a nursing home.



You can feel right at home
with **Generation Protector**[,
even if home is overseas].

Generation Protector can offer you a level of protection and peace of mind you haven't found in other long term care insurance policies. [And that protection can follow you if you retire to Canada or overseas* (or move there to be with other family members).

So wherever life leads you,] Generation Protector is an affordable, sensible solution to your long term care needs. And it comes from a company whose strength you can rely on: Allianz Life.

[* The International Coverage Benefit Endorsement applies to designated countries, as defined in the Visa Waiver Program.]

Generation Protector

*was created for one reason:
to keep you in control of your
future long term care, including
where you receive it.*

The most important benefit
Generation Protector *offers:*

Freedom of choice.

First, **you create your basic Generation Protector policy.**

YOU choose the amount of money you will receive:
up to \$500 per day.

YOU choose how long you must receive care before the policy's payments begin:
benefits can start after you have received as few as seven days of qualifying care.

YOU choose how long benefits will be paid:
from a specified number of years to as long as you live.

Now, **add personalized options for the best home care experience possible.**

YOU choose how much you receive for care in the comfort of your home:
get up to 130% of your policy's daily nursing home benefit for home health care, adult day care, or hospice care.

YOU choose to receive up to \$1500 per month, above and beyond your basic policy's payments:
use the extra money to pay for a housekeeper, family caregiver, prescriptions – or anything else – during any month you receive a benefit payment.

YOU choose other policy options and riders
that make your Generation Protector coverage a perfect match for your anticipated care needs.

You can't predict the future, but
Generation Protector *can help you prepare for it.*

Included in your basic coverage is a special Alternative Plan of Care Benefit. It's an alternate way you can use some of your benefit dollars for expenses that may not otherwise be covered under your policy.

You, your physician, and Allianz Life™ can work together to determine solutions for your specific needs. And Generation Protector can provide the money you need to pay for them.

How to Qualify

Qualifying for benefits

After providing proof of loss, you can receive benefits for covered care if you have satisfied your policy's elimination period and:

- You are certified unable to perform two of six Activities of Daily Living (ADLs) without substantial assistance, and substantial assistance is expected to be required for at least 90 continuous days; or
- You require substantial supervision due to a severe cognitive impairment. A severe cognitive impairment is the deterioration or loss of your intellectual capacity.

Note: ADLs include bathing, eating, dressing, toileting, continence, and transferring.

Policy Specifications

Product type	Tax-qualified long term care
Issue ages	18-84, age last birthday
Underwriting classes	• Preferred Plus • Preferred • Standard • Select I • Select II
Facility care daily benefits	\$100 to \$500, in \$10 increments
Benefit periods	2, 3, 4, 5, or 8 years, or lifetime
Home and community care daily benefits	70%, 100%, or 130% of facility care daily benefit
Elimination periods	7, 30, 60, 90, or 180 days of service. Elimination periods must only be satisfied once in your lifetime
Rate guarantee	5 years
Waiver of premium	Premiums are waived once you are eligible for benefits
Recovery benefit	Policy is paid up if you spend 12 months in a nursing facility, recover, and return home
Bed reservation	60 days per calendar year
Respite care	30 days per calendar year
Spousal discount	30% discount for each insured
Married discount	15% discount
Alternative plan of care	Coverage for cost-effective alternatives to traditional care

Policy Options

Elimination period options	Home and Community Care Elimination Period Waiver Rider Calendar Day Elimination Period Rider
Nonforfeiture benefits	Shortened Benefit Rider
Return of premium benefits	Full Return of Premium Upon Death Rider Return of Premium Upon Death Rider
Inflation protection benefits	3%, 4%, or 5% Lifetime Compound Benefit Increase Rider; Two Times Compound Benefit Increase Rider; Simple Benefit Increase Rider
Premium payment	Limited Pay Rider Accelerated Premium Rider
Indemnity benefits	Comprehensive Monthly Indemnity Benefit Rider • \$250/month • \$500/month • \$750/month • \$1,000/month • \$1,250/month • \$1,500/month Home and Community Care Monthly Indemnity Benefit Rider • \$250/month • \$500/month • \$750/month
Restoration of benefits	Option to restore the full maximum value of benefits after you recover from illness and benefits are not payable for 180 consecutive days
Monthly home and community care benefits	Allows you to exceed your daily benefit up to your monthly maximum
Spousal coverage option	Spousal Shared Care Rider Spousal Waiver of Premium Rider Spousal Survivorship Rider

Exclusions and limitations.

No benefits will be paid for any confinement, care, treatment, or service(s):

- for alcoholism or drug addiction.
- that result from participating in a felony, a riot or an insurrection.
- for which benefits are provided under any state or federal worker's compensation law, or any motor vehicle no-fault law.
- that result from an act of war, whether declared or not.
- that result from your intentionally self-inflicted injury.
- provided outside the fifty United States, the District of Columbia, or Canada[, except as described in the International Coverage Benefit Endorsement].
- provided to you by an Immediate Family Member or someone living in your Home, unless pre-approved by us.
- for which you have no financial liability or that are provided at no charge in the absence of insurance.
- provided in a government facility (unless otherwise required by law).
- that are reimbursable under Medicare or would be so reimbursable but for the application of a deductible or coinsurance amount.

[Our top priority is the safety of your money]

[All policies are issued by Allianz Life Insurance Company of North America, a member of the Allianz Group. With over 700 subsidiaries in more than 70 countries, the Allianz Group is one of the world's leading providers of integrated financial services.

Our goal is to provide policyholders with wealth management products that can help meet today's needs and financial objectives, with a product philosophy of offering fair and equitable values on each policy we issue.

Allianz Life™ has consistently been assigned financial strength ratings by Standard & Poor's and A.M. Best that are among the highest available. It is one of a select group of major insurance companies to receive such high ratings.

These independent agency ratings are based on an analysis of financial results and evaluation of management objectives and strategies. The ratings do not indicate approval by the analysts and are subject to change.

Innovative products, exceptional customer service, and sound financial strength make Allianz Life the place to turn to help meet your retirement objectives.]

Policies are issued by Allianz Life Insurance Company of North America (form number 10-P-Q).

Agent name: _____

License number: _____

MO Residents: LTC Buyer's Guide available upon request from the Missouri Department of Insurance (800/726-7390).

**Allianz Life Insurance Company
of North America**

[PO Box 1292]
[Minneapolis, MN 55440-1292]

[800/950-1962]
[www.allianzlife.com]

Product availability and benefits may vary by state

[(4/2003)]

Right now, you could be sitting in
your future long term care facility.

Your home.

You are in a place where you are comfortable and secure.
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Generation Protector from Allianz Life™ provides
comprehensive coverage that protects you whether you
need qualified long term care at home, in your community,
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Find out more. Call us today!

[Company]
[Agent Name]
[License Number]
[Address]
[Phone Number]

Policies issued by Allianz Life Insurance Company
of North America, Minneapolis, MN (form number 10-P-Q)

10-CR (5/2003)

Allianz 

FILED
FOR INFORMATION ONLY
Commonwealth of Virginia
State Corporation Commission
Bureau of Insurance

DATE

7/10/03

BY

For Reasons Stated
in Attached Letter

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PREMIUM INCREASE CONTINGENT BENEFIT UPON LAPSE RIDER SCHEDULE

This section provides information that is specific to the Premium Increase Contingent Benefit Upon Lapse Rider.

Policy/Contract Number:

[XXXXXXXXX]

Effective Date of the Premium Increase:

[M/D/Y]

Latest Election Date:

[M/D/Y]

Policy Number: [XXXXXXXXX]

Owner: [John Doe]

Endorsement Effective Date: [12/1/2016]

This Endorsement modifies or changes certain terms of the above reference Policy and shall be incorporated into and become a part of the Policy. Except as stated below, all other provisions set forth in the Policy shall remain unchanged and in full force and effect and this Endorsement shall be subject to all of the provisions, terms, definitions, limitations, exclusions and conditions of the Policy.

This Policy is modified or changed as follows:

[Premium rates are guaranteed not to change for [four] calendar years immediately following this Endorsement Effective Date. After this time period, the Company may change the premium rates for this Contract only if we base the premium change by Class for everyone in your state, on the experience of this form. Any premium change will occur on the Policy Anniversary. We will notify you in writing at least [45] days before your premium changes.]

[The attached revised Policy Schedule shall replace and supersede all previous Policy Schedules issued for this Policy and shall be incorporated into and become a part of the Policy]

[Benefit reduction message]

[For a limited time we are offering the following upon cancellation of your [Inflation Protection Rider]:

The "Cancellation" provision of your [Inflation Protection Rider] states that [if you cancel the Rider, the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you].

However, for a limited time, you may cancel the Rider and maintain the percentage increases that have been applied. Specifically, if we receive written notice of your desire to cancel the Rider and such notice is received no later than [120] days after this Endorsement Effective Date, the annual percentage increases that have been applied to the Daily/Monthly Benefits, as provided by the Rider, will remain in effect instead of [returning to the original amounts]. The Rider will be cancelled as of the next premium due date following the date we receive notice, unless a later date is requested by you, however cancellation must be effective within the [120] day period. There will be no percentage increases beyond the cancellation date.

If a notice of cancellation is received after the expiration of [120] days from this Endorsement Effective Date, the Rider will be cancelled as of the next premium due date following our receipt of your request, unless a later date is requested by you. Upon cancellation, [the daily benefits, and, if elected, monthly benefits, will return to the original amounts issued to you].]

This Endorsement shall take effect as of the Endorsement Effective Date indicated above.

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

[]

[Gretchen Cepek]

[Secretary]

[Walter R. White]

[President and CEO]

ALLIANZ LIFE INSURANCE COMPANY OF NORTH AMERICA

PREMIUM INCREASE CONTINGENT BENEFIT UPON LAPSE RIDER

This Rider provides reduced paid-up benefits if a premium increase occurs, subject to the conditions listed below.

The Company has issued this Rider as a part of the Contract to which it is attached. This Rider is subject to all terms, provisions, definitions, limitations and exclusions of the Contract, except as stated in this Rider. If there are any conflicts between this Rider and the Contract, including any attached Benefit Increase Rider, the provisions of this Rider will prevail.

Definitions

Benefit Increase Riders is a reference that includes the following riders:

- 3% Lifetime Compound Benefit Increase Rider
- 4% Lifetime Compound Benefit Increase Rider
- 5% Lifetime Compound Benefit Increase Rider
- Compound 5% Benefit Rider
- Compound Inflation Protection Rider
- Compound Interest Cost of Living Adjustment Benefit Rider
- Compound Interest Cost of Living Adjustment Rider
- Cost of Living Adjustment Rider
- Guaranteed Future Increase Option Rider
- Lifetime Compound Benefit Increase Rider
- Lifetime Cost of Living Adjustment Benefit Rider
- Simple 5% Benefit Rider
- Simple Benefit Increase Rider
- Simple Inflation Protection Rider
- Simple Interest Cost of Living Adjustment Benefit Rider
- Two Times Compound Benefit Increase Rider
- Two Times Compound Plus Rider

Contract means the policy/contract identified on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

Facility Care is a reference that includes the following benefits:

- Facility Care
- Long Term Nursing Care
- Nursing Care
- Nursing Facility

Home and Community Care is a reference that includes the following benefits:

- Home and Community Care
- Home and Community Services
- Home and Community Based Care

Non-Forfeiture Riders is a reference that includes the following riders:

- Full Continuation of Coverage Nonforfeiture Benefit Rider
- Full Nonforfeiture Rider
- Full Shortened Benefit Period Nonforfeiture Benefit Rider
- Full Shortened Benefit Period Nonforfeiture Rider
- Limited Continuation of Coverage Nonforfeiture Benefit Rider
- Nonforfeiture Benefit Rider
- Nonforfeiture Rider
- Non-Forfeiture Shortened Benefit Rider
- Nonforfeiture Shortened Benefit Rider (paid up at 65)
- Shortened Benefit Period Nonforfeiture Benefit Rider
- Shortened Benefit Period Nonforfeiture Rider
- Shortened Benefit Rider
- Shortened Benefit Rider (nonforfeiture)
- Survivor Benefit and Limited Continuation of Coverage Rider

Definitions
(continued)

Return of Premium Riders is a reference that includes the following riders:

Full Refund of Premium Benefit Rider
Limited Return of Premium
Limited Return of Premium Rider

**Contingent
Benefit Upon
Lapse**

When the Contract is in force and the premium rate under the Contract is increased by us and not because of an increase in coverage elected by you, then the following options are available if you choose not to pay the increased premium. These options are available beginning on the Effective Date of the Premium Increase and your request to elect an option must be received in our office on or before the Latest Election Date.

1. The daily benefit amount(s) and/or benefit period(s) may be reduced and/or the Elimination Period may be increased, subject to availability and without evidence of insurability. Premiums will be adjusted based on your requested change. Reduction of the daily benefit amount(s) and benefit period(s) will reduce the Maximum Lifetime Benefit or Benefit Amount, as applicable; or
2. The Contract may be converted to a Reduced Paid-Up Benefit. This option may be elected at any time on or before the Latest Election Date shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule. In addition, if the Contract would otherwise lapse for nonpayment of premium on or before the Latest Election Date, your Contract will automatically be converted to this Reduced Paid-Up Benefit option.

**Reduced Paid-Up
Benefit**

As a Reduced Paid-Up Benefit, your coverage will continue and the daily benefit amount(s) will be payable based on the daily benefit amount(s) shown on the Policy Schedule, and any previous increases due to Benefit Increase Riders, in effect on the date of conversion to the Reduced Paid-Up Benefit. No further benefit increases will occur under any Benefit Increase Riders, if attached to the Contract. The Maximum Lifetime Benefit or Benefit Amount provided under the Contract will be reduced to an amount equal to the greater of:

(a) the total of premiums paid for the Contract and all riders (not including any waived premium); or (b) thirty times the Facility Care daily benefit in effect on the date of conversion to the Reduced Paid-Up Benefit. If the Contract to which this Rider is attached does not have a Facility Care daily benefit, the Home and Community Care daily benefit will be used.

This adjusted benefit amount, effective on the date of conversion to the Reduced Paid-Up Benefit, replaces the Maximum Lifetime Benefit or Benefit Amount and International Coverage Maximum Lifetime Benefit amount as shown on the Policy Schedule, as applicable. Any benefits paid to you after the Contract is converted to the Reduced Paid-Up Benefit will be subtracted from this new adjusted benefit amount.

Your coverage under this Rider will continue to be subject to the same Contract benefit provisions, elimination period, limitations and exclusions, and all other provisions of the Contract and attached Riders and Endorsements that were in effect prior to the date of conversion to the Reduced Paid-Up Benefit except the following:

- No further benefit increases will occur under any Benefit Increase Riders, if attached to the Contract
- No further Restoration of Benefits will occur under any Restoration of Benefits provision or Rider, if attached to the Contract

All benefits paid by the insurer while the policy is in premium paying status and in the paid up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**Exclusions and
Limitations**

You cannot exercise this Rider if one of the following Riders/Endorsements are part of your Contract:

- Non-Forfeiture Riders
- Return of Premium Riders

**Latest Election
Date**

The benefits under this Rider are available for a limited time. The Latest Election Date is the last date on which any request to choose one of the options described in this Rider must be received by us. This date is shown on the Premium Increase Contingent Benefit Upon Lapse Rider Schedule. If the Contract would otherwise lapse for non-payment of premium, the automatic conversion to the Reduced Paid-Up Benefit will apply only if the lapse occurs on or before the Latest Election Date.

Signed for the Company at its home office.

**Allianz Life Insurance Company
Of North America**

[

Gretchen Cepek
Secretary

]

Walter R. White
President and CEO

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



Coverage Change Request Form

Policy number [Policy Number] _____

Please use this form to request a change in your long term care insurance coverage. Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with this form.

Please indicate your coverage change selection(s) by checking the options below.

This form must be signed and dated, where indicated, on the back page in order to be processed.

Remember that, if you have state partnership status, cancelling or reducing some optional riders may result in the loss of your state partnership status, which may reduce policyholder protections.

Option B: Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s). I understand if I request either the cancel or exchange options below for the Benefit Increase Rider, to keep the current rider's accrued benefit increase percentages as of the time of cancellation, this form must be received by Allianz on or before [Latest Election Date].

- ☐ Reduce my Daily (or Monthly) Benefit from \$_____ to \$_____
- ☐ Reduce my Benefit Period from _____ to _____
- ☐ Increase my Elimination Period from _____ days to _____ days
- ☐ Reduce the following benefit(s) for my policy:
- Benefit _____ from _____ reduced to _____
- Benefit _____ from _____ reduced to _____

- ☐ Cancel the following optional rider(s) or benefit(s) from my policy:
- _____
- _____

- ☐ Exchange the existing optional _____% Lifetime Compound Benefit Increase Rider currently on my policy for the lower Benefit Increase Rider selected below. Please note this option is only available if you currently have the 4% Lifetime Compound Benefit Increase Rider or the 5% Lifetime Compound Benefit Increase Rider.
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 5% Simple Benefit Increase Rider (this option is available only if you currently have the 5% Lifetime Compound Benefit Increase Rider)

Option C: Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount. I understand if I request this option, this form must be received by Allianz on or before [Latest Election Date].

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit.

Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Option D: Convert your contract to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

☐ I wish to exercise an available option under a Non-Forfeiture [or Return of Premium Rider] benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my rider.

I understand the policy change(s) I selected on this form. I agree that once processed, the policy benefit changes may not be reversed.

[Owner First Name] [Owner Middle Name] [Owner Last Name]

Policyowner name (printed)

[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]

Joint owner name (printed – if applicable)

Signature of policyowner

Date Signed

Signature of joint owner (if applicable)

Date Signed

Please indicate your change selection, sign, date and return this form to:

Allianz Life Insurance Company of North America

ATTN: Policy Administration

PO Box 59060

Minneapolis, MN 55459-0060

Fax: 763.582.6002

Allianz Life Insurance Company of North America
Statement of Variability
5/31/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GP2 Policyholder Notification Letter (S2280-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Billed Premium	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	N/A	N/A	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective following the minimum 75 days of notice of a rate increase.
adj'd billing1	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Return of Premium Rider	N/A	N/A	or Return of Premium Rider	N/A	Benefit rider that may be available to a policyholder; however, as this benefit is not available in Virginia this benefit rider will not appear in any communication addressed to Virginia policyholders.
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change

cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) <ul style="list-style-type: none"> Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] <p>Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider</p>
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)
COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)

COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider.</p> <p>If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider.</p> <p>If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.</p>
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy either does not have partnership status, or does not have a COLA rider, this message will not print.</p> <p>If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p> <p>If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p>
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	<p>The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder. As long as the triggers are met, the Premium Increase Contingent Upon Lapse Rider automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase.</p>

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Re: LTC RATE FILING 2015 GP2
SERFF Tracking Number: ALLB-130164458

Virginia Bureau of Insurance

April 28, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following response for the objection letters dated April 19, 2016 and April 22, 2016. We have included the original objections in bold and our responses below them for your convenience.

April 19, 2016 Objection Letter

- 1. Based on the data provided in Table 4 of the April 6, 2016 response letter, the experienced voluntary lapse rate for durations 7+ is 0.99%. Please provide a sensitivity analysis projection using an ultimate voluntary lapse rate of 1.0%. Please include the corresponding 58/85 test with no reduction in benefits or adverse selection.***

Attachment 1 to this letter provides nationwide experience projections with and without the requested rate increase, but uses an ultimate lapse rate of 1.0% instead of the current assumption lapse rate of 0.75%. Please note that in Attachment 1 and the exhibits in the actuarial memorandum an additional lapse is added due to the exhaustion of benefits. This additional exhaustion of benefits is still present in Attachment 1.

Attachment 2 to this letter provides the corresponding 58/85 test when using a 1% ultimate lapse rate. No benefit reductions or adverse selection are present in Attachment 2.

- 2. Please comment on the Company's standard for full credibility and the corresponding credibility of the experience underlying the morbidity assumptions. Please include the number of claims in the historical experience.***

Our company pools together *all* long-term care products when conducting our morbidity study due to the low claim incidence of long-term care. Our company uses 1,000 claims as the threshold for full credibility and blends with industry data where it is not.

Credibility formula, number of claims = N

$$\sqrt{N/1000} * \text{Company Data} + (1 - \sqrt{\frac{N}{1000}}) * \text{Industry Data}$$

The "Current Assumption Justification" document on the Supporting Documentation provides additional detail into how the credibility was used within our morbidity assumption.

Historically for the Generation Protector II policy form there have been 194 claims reported nationwide and 6 claims reported in Virginia.

3. *Question 3 under the Frequently asked questions (FAQ) states the company does not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state. Is this statement correct? Is the company rating premium and experience on a national basis or is Virginia only experience considered credible?*

Your interpretation of this statement is not what we had intended. Because we now realize that the statement can be misinterpreted, we are removing the sentence entirely.

To clarify your question, we are pursuing rate increases in states where our projections indicate that premiums are insufficient to cover claims based on national experience.

An updated readability certification for the policyholder notification letter is also enclosed with this letter for all revisions noted in this letter.

4. *Please change the reference from Virginia Bureau of Insurance to the Virginia State Corporation Commission.*

This reference has been updated on the first page of the letter.

5. *Please include language that advises the insured of the right to a revised premium rate or rate schedule pursuant to 14VAC5-200-75 A 4 b.*

Note that we have amended the second page of the letter to include the following wording: "For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]."

6. *The disclosure under Question 4 of the FAQ regarding partnership status must be emphasized since this is a disclosure required by 14VAC5-200-75-D 2 c. This may be accomplished by bolding, highlighting, using larger print or any other method that will bring attention to this information.*

The following sentence has been bolded: "(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)"

7. *Please expand upon the reason for the rate increase. The first question under the FAQ states the increase is due to a combination of factors outlined in question 2. It is not clear, however, what the drivers are of this increase. As a suggestion, the company may wish to state something to the effect that the rate increase is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than what was anticipated when the policy was originally priced. Premiums need to be adjusted to ensure there is adequate funding to pay current and anticipated future claims.*

We have amended FAQ 2 to include the following verbiage: "Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims."

Note that the impact of lower-than-expected mortality and higher-than-expected morbidity would both be to increase the utilization of benefits. We therefore feel that saying "using more benefits than our actuaries anticipated" sufficiently reflects the cause of the rate increase.

8. *The policy forms are under review by another examiner.*

We have answered the questions related to the other policy forms below.

April 22, 2016 Objection Letter

- 1. The Coverage Change Request Form states under Option D that the policy can be paid up through a return of premium rider (ROP). The two ROP riders found in the copies of policy forms submitted with this filing are triggered by the insured's death, not due to an increase in premiums. Please explain how an ROP would be applicable in this situation. If not applicable, please remove this language from the Coverage Change Request and the Frequently Asked Questions section of the letter.***

We would like to keep the ROP wording, because the Coverage Change Request Form serves as a generic form for different states and products. Certain products do have ROP riders that include a provision for paid-up coverage. Option D notes that the riders may be attached to the policy, so we are confident that this extra verbiage will not confuse the policyholder.

- 2. The Statement of Variability for the Policy Endorsement regarding the number of notification days prior to a rate increase should be changed to a minimum of 75 days pursuant to 14VAC5-200-75 D.***

The statement of variability for the Policy Endorsement has been updated with a minimum of 75 days. As this Policy Endorsement is being filed under SERFF tracking # ALLB-128730838, please see this filing for the new statement of variability.

- 3. Will the Contingent Benefit Upon Lapse (CBUL) be offered to all policyholders regardless of the triggers? If that is not the case, the CBUL language must be amended for compliance with revised 14VAC5-185 D 3.***

All policyholders experiencing a rate increase will receive the Premium Increase Contingent Benefit Upon Lapse Rider (PICBUL) along with their Policyholder Notification Letter; the PICBUL was approved in ALLB-128978105. Note that the PICBUL includes the same benefits as the CBUL, but that it is triggered upon any rate increase amount. The PICBUL is therefore more generous than the requirements set out in 14VAC5185 D 3, and we do not feel that CBUL requires revision. Note that we will print the Latest Election Date of the PICBUL so that they have the same 120 day election period as the CBUL.

Attachment 1
Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q
As of 12/31/2014
No Rate Increase, Pricing Interest Rate, &
Best Estimate Except 1% Ultimate Lapse Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$1,720,870	\$0	0.0%
2007	\$11,618,948	\$226,659	2.0%
2008	\$25,153,341	\$130,729	0.5%
2009	\$34,229,481	\$635,798	1.9%
2010	\$37,743,853	\$688,811	1.8%
2011	\$36,614,035	\$1,564,630	4.3%
2012	\$35,819,346	\$3,303,696	9.2%
2013	\$35,211,460	\$3,499,104	9.9%
2014	\$34,506,297	\$2,856,344	8.3%
2015	\$34,064,272	\$5,401,680	15.9%
2016	\$33,044,035	\$6,269,638	19.0%
2017	\$31,356,710	\$7,305,943	23.3%
2018	\$29,790,211	\$8,512,855	28.6%
2019	\$28,371,876	\$9,875,616	34.8%
2020	\$27,188,154	\$11,412,193	42.0%
2021	\$26,236,142	\$13,132,739	50.1%
2022	\$25,236,586	\$15,064,505	59.7%
2023	\$24,231,228	\$17,190,795	70.9%
2024	\$23,188,385	\$19,504,252	84.1%
2025	\$22,123,363	\$22,012,122	99.5%
2026	\$21,026,663	\$24,675,791	117.4%
2027	\$19,910,333	\$27,482,520	138.0%
2028	\$18,763,520	\$30,340,362	161.7%
2029	\$17,596,048	\$33,251,331	189.0%
2030	\$16,419,791	\$36,112,153	219.9%
2031	\$15,271,294	\$38,868,916	254.5%
2032	\$14,144,738	\$41,460,970	293.1%
2033	\$13,046,237	\$43,795,214	335.7%
2034	\$11,980,681	\$45,824,510	382.5%
2035	\$10,954,961	\$47,477,706	433.4%
2036	\$9,964,039	\$48,848,853	490.3%
2037	\$9,016,238	\$50,429,631	559.3%
2038	\$8,114,952	\$52,434,716	646.1%
2039	\$7,265,384	\$54,719,188	753.1%
2040	\$6,467,318	\$56,868,973	879.3%
2041	\$5,722,325	\$58,496,030	1022.2%
2042	\$5,030,656	\$59,537,824	1183.5%
2043	\$4,397,310	\$59,934,405	1363.0%
2044	\$3,818,774	\$59,687,287	1563.0%
2045	\$3,295,419	\$58,813,898	1784.7%
2046	\$2,825,835	\$57,354,448	2029.6%
2047	\$2,407,623	\$55,335,625	2298.4%
2048	\$2,038,205	\$52,823,742	2591.7%
2049	\$1,714,563	\$49,900,058	2910.4%
2050	\$1,433,343	\$46,667,745	3255.9%
2051	\$1,190,956	\$43,229,201	3629.8%
2052	\$983,697	\$39,675,938	4033.3%
2053	\$807,857	\$36,081,167	4466.3%
2054	\$659,808	\$32,531,964	4930.5%
2055	\$536,078	\$29,105,263	5429.3%
2056	\$433,399	\$25,850,726	5964.6%
2057	\$348,755	\$22,800,244	6537.6%
2058	\$279,410	\$19,980,143	7150.8%
2059	\$222,928	\$17,414,923	7811.9%
2060	\$177,169	\$15,092,857	8518.9%
2061	\$140,279	\$13,018,237	9280.2%
2062	\$110,672	\$11,187,549	10108.7%
2063	\$87,010	\$9,578,438	11008.4%
2064	\$68,174	\$8,170,952	11985.4%
2065	\$53,236	\$6,946,781	13049.1%
2066	\$41,428	\$5,887,253	14210.8%
2067	\$32,126	\$4,972,305	15477.6%
2068	\$24,821	\$4,191,901	16888.3%
2069	\$19,108	\$3,529,342	18470.4%
2070+	\$59,792	\$16,541,971	27666.0%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%
Projected Future (2015 +)	\$367,147,769	\$641,107,208	174.6%
Total Lifetime Anticipated	\$659,144,622	\$655,253,646	99.4%

*Actuals for 2014 and prior

Attachment 1
Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q
As of 12/31/2014
With Rate Increase, Pricing Interest Rate, &
Best Estimate Except 1% Ultimate Lapse Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$1,720,870	\$0	0.0%
2007	\$11,618,948	\$226,659	2.0%
2008	\$25,153,341	\$130,729	0.5%
2009	\$34,229,481	\$635,798	1.9%
2010	\$37,743,853	\$688,811	1.8%
2011	\$36,614,035	\$1,564,630	4.3%
2012	\$35,819,346	\$3,303,696	9.2%
2013	\$35,211,460	\$3,499,104	9.9%
2014	\$34,506,297	\$2,856,344	8.3%
2015	\$31,778,848	\$5,207,914	16.4%
2016	\$33,052,801	\$6,058,471	18.3%
2017	\$43,819,643	\$7,163,649	16.3%
2018	\$43,682,302	\$8,361,271	19.1%
2019	\$41,580,123	\$9,685,423	23.3%
2020	\$39,866,155	\$11,163,275	28.0%
2021	\$38,522,498	\$12,801,799	33.2%
2022	\$37,107,985	\$14,636,903	39.4%
2023	\$35,683,646	\$16,651,905	46.7%
2024	\$34,202,313	\$18,839,509	55.1%
2025	\$32,682,400	\$21,203,427	64.9%
2026	\$31,111,023	\$23,706,167	76.2%
2027	\$29,508,118	\$26,338,117	89.3%
2028	\$27,856,319	\$29,009,554	104.1%
2029	\$26,167,425	\$31,718,100	121.2%
2030	\$24,460,888	\$34,373,438	140.5%
2031	\$22,792,802	\$36,922,973	162.0%
2032	\$21,153,051	\$39,312,398	185.8%
2033	\$19,546,813	\$41,446,477	212.0%
2034	\$17,985,925	\$43,284,390	240.7%
2035	\$16,478,715	\$44,772,102	271.7%
2036	\$15,020,032	\$45,992,928	306.2%
2037	\$13,616,731	\$47,414,056	348.2%
2038	\$12,278,451	\$49,232,288	401.0%
2039	\$11,014,203	\$51,307,119	465.8%
2040	\$9,822,412	\$53,254,591	542.2%
2041	\$8,706,230	\$54,712,372	628.4%
2042	\$7,666,833	\$55,627,920	725.6%
2043	\$6,712,633	\$55,943,821	833.4%
2044	\$5,839,215	\$55,659,312	953.2%
2045	\$5,046,772	\$54,801,722	1085.9%
2046	\$4,333,690	\$53,408,657	1232.4%
2047	\$3,697,115	\$51,493,875	1392.8%
2048	\$3,133,558	\$49,126,238	1567.7%
2049	\$2,638,809	\$46,380,502	1757.6%
2050	\$2,208,085	\$43,350,804	1963.3%
2051	\$1,836,189	\$40,133,846	2185.7%
2052	\$1,517,685	\$36,818,360	2426.0%
2053	\$1,247,077	\$33,467,868	2683.7%
2054	\$1,018,955	\$30,164,030	2960.3%
2055	\$828,099	\$26,977,685	3257.8%
2056	\$669,575	\$23,950,522	3577.0%
2057	\$538,803	\$21,112,690	3918.4%
2058	\$431,615	\$18,488,990	4283.7%
2059	\$344,285	\$16,103,283	4677.3%
2060	\$273,529	\$13,944,295	5097.9%
2061	\$216,496	\$12,015,412	5549.9%
2062	\$170,740	\$10,313,444	6040.4%
2063	\$134,191	\$8,818,337	6571.5%
2064	\$105,116	\$7,512,480	7146.9%
2065	\$82,074	\$6,378,380	7771.5%
2066	\$63,876	\$5,398,203	8451.1%
2067	\$49,551	\$4,552,960	9188.5%
2068	\$38,307	\$3,832,967	10005.9%
2069	\$29,515	\$3,223,166	10920.4%
2070+	\$92,691	\$15,107,999	16299.3%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%
Projected Future (2015 +)	\$508,045,798	\$605,588,912	119.2%
Total Lifetime Anticipated	\$800,042,650	\$619,735,350	77.5%

*Actuals for 2014 and prior

Attachment 2
58/85 Calculations
Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q

Following the format of Section 20(C)(2) of Model 641 (Long-Term Care Insurance Model Regulation), the "58/85" calculation is as follows (all dollar values in millions):

a)	The accumulated value of the initial earned premium is	292.00
	58% of this value:	169.36
b)	The accumulated value of prior premium rate schedule increases is	0.00
	85% of this value:	0.00
c)	The present value of future projected initial earned premiums is	367.15
	58% of this value:	212.95
d)	The present value of future projected earned premium from prior premium rate schedule increases is	0.00
	PV of future projected EP from 60% increase:	181.41
	Combined:	181.41
	85% of this value:	154.20
e)	The accumulated value of past incurred claims is	14.15
	The present value of future projected incurred claims is	705.22
	sum of these 2 values:	719.36
f)	The sum of a,b,c and d is	536.51
	This amount is less than e)	719.36

*All projected values shown ignore the effects of any reduction of benefits and adverse selection and are projected using an ultimate lapse rate of 1.0%.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Re: LTC RATE FILING 2015 GP2
SERFF Tracking Number: ALLB-130164458

Virginia Bureau of Insurance

May 18, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following responses for the objection letter dated May 12, 2016. We have included the original objections in bold and our responses below them for your convenience.

- 1. We appreciate your explanation regarding the Return of Premium Rider. Because the benefit is not available in Virginia, please remove this benefit or place brackets around the Return of Premium Rider referenced in the policyholder letter, frequently asked questions and Coverage Change Request form and amend the Statement of Variability to indicate this will not appear in communication addressed to Virginia policyholders. We realize the form uses the word "may" but it remained unclear to us and may be potentially misleading to our policyholders. This simply isn't an option that can be chosen in Virginia and should not be included in the policyholder letter or appear available for selection.***

The policyholder notification letter, frequently asked questions, and coverage change request form have been updated to have the Return of Premium Rider as variable language. The statement of variability for the policyholder letter and frequently asked questions has been updated accordingly. The coverage change request form's applicable statement of variability is being filed and updated under SERFF tracking # ALLB-128730838.

The Return of Premium Rider will not appear in any communication addressed to Virginia policyholders.

- 2. Should the option to reduce the benefit period be chosen, please confirm the benefit period will never be reduced than 12 months.***

If a policyholder elects to reduce their benefit period, their benefit period will never be reduced less than 12 months.

- 3. According to your response, all policyholders will receive a PICBUL rider which indicates the contingent benefit upon lapse option (CBUL) is available upon "any" rate increase now and in the future, correct? How does the insured know this form replaces the CBUL rider 10-E-1-VA which was approved with the policy?***

Yes, the Premium Increase Contingent Benefit Upon Lapse (PICBUL) rider is available upon any rate increase now and in the future.

The PICBUL rider is superior in every way to the standard contingent non-forfeiture benefit (10-E-1-VA). There is language currently in the PICBUL that states "If there are any conflicts between this Rider and the Contract, including any attached Benefit increase Rider, the provisions of this Rider will prevail." The Contract refers to the policy/contract in which the PICBUL Rider Schedule identifies. The specific language in the PICBUL rider can be found in the SERFF filing for this rider (SERFF #ALLB-128978105).

As always a toll free number for policyholders to call is always available if they have any questions regarding the PICBUL Rider or its benefits.

4. *The letter references the full corporate name of the insurer and later as only Allianz. While we do not have a concern regarding this format, the letter should explain that the corporate name may be referred to as Allianz. Our concern would be resolved if the first sentence of the letter were stated as At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders."*

We have added the suggested change to the policyholder letter.

Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297



Re: LTC RATE FILING 2015 GP2
SERFF Tracking Number: ALLB-130164458

Virginia Bureau of Insurance

May 31, 2016

Dear Janet Houser,

Allianz would first like to thank the Bureau for reviewing our filing. We have the following responses for the objection letter dated May 27, 2016. We have included the original objections in bold and our responses below them for your convenience.

- 1. Please amend the Actuarial Certification for compliance with 14VAC5-200-153 B 2 b to indicate the premium rate filing is in compliance with the provisions of this section.***

Enclosed with this letter is an updated actuarial memorandum providing a revised actuarial certification demonstrating compliance with 14VAC5-200-153.

- 2. Please move the current rate information to Supporting Documentation since these rates are not subject to approval. It is not necessary to list each rider as a separate line item. The forms may all be listed under the "Affected Form Numbers" column and separated by commas.***

The current rate tables have been moved to the Supporting Documentation tab within SERFF.

All affected form numbers have been consolidated to one line item on the Rate/Rule Schedule tab separated by commas. Due to constraints within SERFF we are unable to completely remove the no longer applicable line items on the Rate/Rule Schedule tab. We have removed as much information as possible from these no longer applicable line items.

- 3. There is some information on the Statement of Variability that should be rephrased to remove any potential confusion or misunderstanding:***

The values under for anniversary1 states 3/17/2016 as a minimum and 12/31/2100 as a maximum. In this particular instance, a range would not be applicable. The insured must receive a 75 day notice prior to the rate increase. We suggest the explanation should be stated it is the policy anniversary date following the minimum 75 day notice of a rate increase.

Because the effect on partnership status is a required disclosure as set forth in 14VAC5-200-75 D 2 c, please highlight, bold or in some other fashion emphasize this language to bring attention to its importance.

The latest election date states this is the date which the options under the premium increase contingent upon lapse rider is available. For clarification purposes, the contingent benefit upon lapse benefit rider, if the triggers are met, automatically becomes effective if the policy lapses within 120 days of the due date of the premium increase as set forth in 14VAC5-200-185 D 3. Please amend the language accordingly.

The statement of variability has been updated for the following:

- Removal of the range of values for the "anniversary1" variable
- Additional language was added to specify that the "anniversary1" date will follow the minimum 75 day notice for a rate increase.
- The partnership language in the statement of variability has been bolded.

- Additional language was added for the “Latest Election Date” to clarify when the Premium Increase Contingent Benefit Upon Lapse becomes effective.

In addition to the statement of variability revisions, all partnership language in the policyholder notification letter has been bolded.

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
Age															
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12			Spousal Shared Care (with no residual)	Spousal Shared Care (with 1 yr residual)
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12	Benefit Period			
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12	2 year	1.21		
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12	3 year	1.14		
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12	4 year	1.09		
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12	5 year	1.06		
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12	8 year	1.02		
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12	Lifetime	N / A	N / A	
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11	Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.			
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11	HCC Monthly Benefit			1.06
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11	Spousal Waiver of Premium			1.03
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11	HCC Calendar Day EP			1.02
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11	Waiver of HCC EP			1.12
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10	Monthly Indemnity Benefit			
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10	10%			1.04
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10	25%			1.10
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10	50%			1.23
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09	100% (age < 60)			2.57
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08	100% (age 60+)			2.23
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06	Elimination Period Factors			
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05	7 Day			1.30
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04	30 Day			1.18
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03	60 Day			1.08
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02	90 Day			1.00
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02	180 Day			0.90
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02	365 Day			0.80
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02	Risk Class Factors			
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02	Preferred Plus			0.85
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02	Preferred			1.00
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02	Standard			1.20
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02	Select I			1.50
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02	Select IV			3.00
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02	Discount Factors			
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02	Married			0.90
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02	Spousal			0.70
												Facility Care Only Endorsement			0.90

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

State: Virginia

Filing Company:

Allianz Life Insurance Company of North America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: LTC RATE FILING 2015 GP2

Project Name/Number: LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/31/2016	Withdrawn 06/08/2016	Rate	Rate Tables	06/08/2016	VA GP2 Rates PROPOSED.pdf (Superseded)
05/18/2016	Withdrawn 06/08/2016	Form	Policyholder Rate Increase Notification Letter	05/31/2016	S2280-VA GP2 Policyholder Notification Letter.pdf (Superseded)
05/18/2016	Withdrawn 06/08/2016	Supporting Document	Statement of Variability	05/31/2016	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf (Superseded)
04/28/2016	Withdrawn 05/27/2016	Form	Policyholder Rate Increase Notification Letter	05/18/2016	S2280-VA GP2 Policyholder Notification Letter.pdf (Superseded)
04/28/2016	Withdrawn 05/27/2016	Supporting Document	L&H Readability - Health	05/18/2016	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf (Superseded)
04/28/2016	Withdrawn 05/27/2016	Supporting Document	Statement of Variability	05/18/2016	SOV for S2280-VA GP2 Policyholder Notification Letter.pdf (Superseded)
04/06/2016	Withdrawn 05/27/2016	Form	Policyholder Rate Increase Notification Letter	04/28/2016	S2280-VA GP2 Policyholder Notification Letter.pdf (Superseded)
04/06/2016	Withdrawn 06/08/2016	Supporting Document	L&H Actuarial Memorandum	05/31/2016	VA GP2 Act Memo.pdf (Superseded)
04/06/2016	Withdrawn 05/27/2016	Supporting Document	L&H Readability - Health	04/28/2016	S2280-VA GP2 Policyholder Notification Letter_Readability Certification - Signed.pdf (Superseded)
04/06/2016	Withdrawn 05/27/2016	Supporting Document	Statement of Variability	04/28/2016	S2280-VA GP2 Policyholder Notification Letter_Statement of Variability.pdf (Superseded)

SERFF Tracking #:

ALLB-130164458

State Tracking #:

ALLB-130164458

Company Tracking #:

LTC RATE FILING 2015 GP2

State:

Virginia

Filing Company:

Allianz Life Insurance Company of North America

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

LTC RATE FILING 2015 GP2

Project Name/Number:

LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/04/2016	Withdrawn 05/27/2016	Supporting Document	Documents Provided Alongside the Policyholder Notification Letter	05/18/2016	CS95369 Premium Increase Contingent Benefit Upon Lapse Rider Schedule Page.pdf Policy Endorsement 95440.pdf R95369-VA Premium Increase Contingent Benefit Upon Lapse Rider.pdf S2281-Coverage Change Request Form.pdf (Superceded)
10/16/2015	Withdrawn 05/27/2016	Supporting Document	Draft policyholder letter	04/04/2016	Draft Policyholder Letter, Gen Pro and Gen Pro II.pdf (Superceded) Draft Policyholder Letter, Gen Pro II PARTNERSHIP.pdf (Superceded)
10/16/2015	Withdrawn 06/08/2016	Rate	5% LIFETIME COMPOUND BENEFIT INCREASE RIDER	05/31/2016	VA GP2 Rates CURRENT.pdf (Superceded) VA GP2 Rates PROPOSED.pdf
10/16/2015	Withdrawn 06/08/2016	Rate	4% LIFETIME COMPOUND BENEFIT INCREASE RIDER	05/31/2016	VA GP2 Rates CURRENT.pdf (Superceded) VA GP2 Rates PROPOSED.pdf (Superceded)
10/16/2015	Withdrawn 06/08/2016	Rate	3% LIFETIME COMPOUND BENEFIT INCREASE RIDER	05/31/2016	VA GP2 Rates CURRENT.pdf (Superceded) VA GP2 Rates PROPOSED.pdf (Superceded)
10/16/2015	Withdrawn 06/08/2016	Rate	TWO TIMES COMPOUND BENEFIT INCREASE RIDER	05/31/2016	VA GP2 Rates CURRENT.pdf (Superceded) VA GP2 Rates PROPOSED.pdf (Superceded)
10/16/2015	Withdrawn 06/08/2016	Rate	SIMPLE BENEFIT INCREASE RIDER	05/31/2016	VA GP2 Rates CURRENT.pdf (Superceded) VA GP2 Rates PROPOSED.pdf (Superceded)
07/14/2015	Withdrawn 05/27/2016	Supporting Document	Certification of Compliance	04/06/2016	Virginia Certification of Compliance.pdf (Superceded)
07/14/2015	Withdrawn 05/27/2016	Supporting Document	L&H Actuarial Memorandum	04/06/2016	VA GP2 Act Memo.pdf (Superceded)
07/14/2015	Withdrawn 05/27/2016	Supporting Document	L&H Readability - Health	04/06/2016	

State:	Virginia	Filing Company:	Allianz Life Insurance Company of North America
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	LTC RATE FILING 2015 GP2		
Project Name/Number:	LTC RATE FILING 2015 GP2/LTC RATE FILING 2015 GP2		

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/14/2015	Withdrawn 06/08/2016	Supporting Document	Long Term Care Insurance Rate Request Summary	06/08/2016	Health Insurance Rate Request Summary Part I GP2.pdf (Superceded)

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$50 - \$99

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Proposed - NO CHANGE)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America (Allianz), our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

Based on your current benefits, the premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode], effective with your first bill on or after [anniversary1].

Please note that recent changes to your policy may not be reflected in the premium rate above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s).**
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

- A. **Maintain your current benefit amounts** by paying the increased premium.
- B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. **[(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)]**
 - Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
 - Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [

- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

- C. Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date].** There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.
- D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider [or Return of Premium Rider] that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that “premium rates could change again in the future.” What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

9. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

10. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

11. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
 - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
 - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
 - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount.

12. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

13. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Allianz Life Insurance Company of North America
Statement of Variability
5/18/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GP2 Policyholder Notification Letter (S2280-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Billed Premium	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Return of Premium Rider	N/A	N/A	or Return of Premium Rider	N/A	Benefit rider that may be available to a policyholder; however, as this benefit is not available in Virginia this benefit rider will not appear in any communication addressed to Virginia policyholders.
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change

Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change
cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) <ul style="list-style-type: none"> Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] <p>Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider</p>
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)

COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	<p>The current COLA rider attached to the policy. Policyholders could have one of the following riders:</p> <p>5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider</p> <p>(Note: This will only print if COLA Reduction Message prints.)</p>
COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message:</p> <p>You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider.</p> <p>If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message:</p> <p>You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider.</p> <p>If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.</p>
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy either does not have partnership status, or does not have a COLA rider, this message will not print.</p> <p>If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below)</p> <p>Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p> <p>If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below)</p> <p>Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p>
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	<p>The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.</p>

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia State Corporation Commission reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

Based on your current benefits, the premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode], effective with your first bill on or after [anniversary1].

Please note that recent changes to your policy may not be reflected in the premium rate above. For up-to-date information about your current premium and benefit levels, you can request a current policy schedule from Allianz by contacting us at [800.789.6896]. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s).**
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]

[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form

Premium Increase Contingent Benefit Upon Lapse Rider

Premium Increase Contingent Benefit Upon Lapse Rider Schedule

Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long. Policyholders are using more benefits than our actuaries anticipated when they originally priced our long term care policies. Based on our experience – and new expectations – we need to adjust premiums to ensure adequate funding to pay current and anticipated future claims.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

- A. **Maintain your current benefit amounts** by paying the increased premium.
- B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. **[(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)]**
 - Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
 - Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [

- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

- C. Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date].** There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.
- D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that “premium rates could change again in the future.” What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

9. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

10. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

11. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
 - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
 - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
 - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount.

12. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

13. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

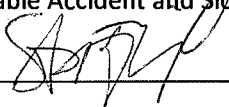
Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2280-VA

I hereby certify that the Flesch reading ease score of the above policy form is 50. It contains
154 sentences, 2,336 words and 3,896 syllables. The type size of the text of the policy forms is
Times New Roman 12/14 point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with
Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and
Readable Accident and Sickness Insurance Policies adopted pursuant thereto.



Signature of an Officer of the Insurer

Steve Thiel Name (Print)

Vice President Actuary Title

4/28/16 Date

Allianz Life Insurance Company of North America
Statement of Variability
3/17/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GP2 Policyholder Notification Letter (S2280-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Billed Premium	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change

cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) <ul style="list-style-type: none"> Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] <p>Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider</p>
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)
COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)

COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider.</p> <p>If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider.</p> <p>If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.</p>
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy either does not have partnership status, or does not have a COLA rider, this message will not print.</p> <p>If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p> <p>If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p>
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	<p>The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.</p>

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



[Date]

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear [Owner First Name] [Owner Last Name],

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. To this end, we periodically compare the initial premium projections we made on our long term care policies to our actual claims experience. During a recent review we determined that we need to increase the premium rates on our long term care policies.

We want you to know that we took this decision very seriously and weighed several options before filing a [Overall Increase %] premium rate increase. We assure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity.

We also want you to know that the Virginia Bureau of Insurance reviewed this rate increase and found it to be compliant with applicable Virginia laws and regulations. You can review this and all premium-rate filings online at www.scc.virginia.gov/BOI.

Your premium increase

Based on your current benefits, the premium rate increase will raise your current premium of [Billed Premium] [Bill Mode] to [adj'd billing1] [Bill Mode], effective with your first bill on or after [anniversary1].

Please note that recent changes to your policy may not be reflected in the premium rate above. For the most up-to-date information, please request a current policy schedule from Allianz. Please also be aware that premium rates could change again in the future. In the event of a future rate increase, you'll have options similar to those we describe in the next section.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we're offering the flexibility to choose among the following options, which we discuss in more detail in the enclosed Frequently Asked Questions (FAQs):

- ☐ **A. Maintain your current benefit amounts** by paying the increased premium.
- ☐ **B. Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s).**
- ☐ **C. Elect the paid-up option** in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount.
- ☐ **D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

If you wish to elect options B, C, or D, please complete the enclosed coverage change request form and return it to us. **Please be aware that the options listed above may not be of equal value and some may have time limitations. For more details, please see Question 4 in the attached FAQs.** We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

We're here to help

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

[Individual's name]
[Individual's title]

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage Change Request Form
Premium Increase Contingent Benefit Upon Lapse Rider
Premium Increase Contingent Benefit Upon Lapse Rider Schedule
Benefit Change Endorsement

[cc:] [Agent First Name] [Agent Middle Name] [Agent Last Name]

Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive, Minneapolis, MN 55416-1297. [800.789.6896]

Frequently asked questions

1. Why are rates increasing?

When Allianz designed its long term care (LTC) insurance products several years ago, we based your initial premium on actuarial assumptions, which used the best information available to us at that time. Since then we've continually monitored our LTC policies to compare those initial projections against our actual claim experience. During a recent review we determined that, due to a combination of factors we outline below, we need to increase the premium rates on our long term care policies.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium. We also want to reassure you that this premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

2. How was the rate increase amount determined?

LTC insurance rates are affected by many complex factors including the rising cost of health care, interest rates, the number of people who continue coverage, how many policyholders collect benefits, and for how long.

Once we determine that a proposed premium rate increase is necessary, we submit the information along with supporting data through an approval process with your state's insurance regulators. The state provides an independent perspective that is crucial in establishing an increase amount that balances the needs of our policyholders and our company. Ultimately, the state approves an increase that considers all of the factors noted above.

3. Did my state approve my rate increase?

Yes. When we submit a rate increase request to a state, the submission includes an actuarial justification discussing the reasonableness of the relationship between premiums charged and expected benefit payments. Each state conducts its own review of the submission and determines whether the state-specific rate increase is warranted, and in what amount. This process is designed to prevent premiums in one state being increased to cover insufficient premiums in another state. We also want you to know that we do not request rate increases in a state when premiums are sufficient to cover the projected cost of the benefits for that particular state.

4. What are my options?

To help ease the impact of this rate increase, we're offering our policyholders several options. Please see the enclosed Coverage Change Request form for more details:

- A. **Maintain your current benefit amounts** by paying the increased premium.
- B. **Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s)** that may fully or partially offset the premium increase. [(Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status that, which may reduce policyholder protections.)]
 - Reduce benefit amounts and/or benefit periods, or increase your Elimination Period. Please note: Benefit amounts or periods must not be less than any minimum policy requirements.
 - Cancel optional riders that you purchased with your policy. Please refer to the specific riders attached to your policy for additional details regarding the rider terms. [

- **Until [COLA Vesting Date]**, you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] **Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date].** [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.]]

- C. Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the specific rider attached to your policy for details. **Please note that we must receive your request prior to [Latest Election Date].** There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue paying premiums up to that policy anniversary date.
- D. Convert your contract to paid-up coverage** with a reduced Maximum Lifetime Benefit or Benefit Amount by electing options through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

Please note that the options listed above may not be of equal value. We encourage you to contact us or your financial professional to help determine which may be suitable for your needs.

5. When is the premium increase effective?

Please see the enclosed Premium Increase Contingent Benefit Upon Lapse Rider Schedule.

6. How much time do I have to make a decision?

Some of the options available to you are time-sensitive. Please note any dates listed in Question 4, What are my options, listed above. We would advise that you make a decision prior to your upcoming policy anniversary on [anniversary1].

7. The letter states that “premium rates could change again in the future.” What does this mean?

It is possible there will be additional rate increases in the future. An increase will only occur if we can demonstrate additional premium amounts are needed to sustain the policies, and then the increase would need to be filed with state insurance regulators for approval.

Keep in mind that the rate increase will not change your policy's benefits. As long as you continue paying full premiums, your policy will remain in effect and unchanged. Note that your benefits would decrease if you make changes to your policy, such as by reducing your benefits, or by electing reduced paid-up coverage.

8. I've never filed a claim. Why am I getting a rate increase?

This premium increase applies to classes of our long term care policies in aggregate, and does not in any way reflect an individual policyholder's age, health status, or claim activity. Your class is determined by which benefit increase rider is attached to your policy. In your case, you have the [COLA Rider] attached to your policy.

9. I am currently on claim. Am I affected by this rate increase?

If you are currently in claim status and not paying premiums because of a Waiver of Premium provision in your policy, you do not need to pay the increased premium yet. Once you are no longer in claim status and premiums are due, you will need to pay the increased premium to maintain your coverage. If your policy does not provide for a Waiver of Premium benefit, you will be required to pay the increased premium.

10. Will policies with a 10-pay rider be impacted?

The increase will impact only the remaining premiums in your 10-year premium paying period. Once the policy is fully paid-up, the policyholder has no further premium obligations.

11. What if I use EFT or an automatic online (or third-party) accounts to pay my premium?

Please make sure that your premium payments are updated for your new premium rate. Otherwise your policy could lapse if we don't receive the full premium amount. Below are some additional considerations for the payment of your new premiums.

- **If you pay your premiums with an EFT** from your bank account, this notification requires time-sensitive decisions that may affect the amount of your EFT bank withdrawal.
 - If you scheduled your draft to occur prior to your upcoming anniversary for the premiums due on or after your anniversary, we'll apply the increased premium to that scheduled draft unless you request a change in coverage as described in this notification.
 - If you do not want the increase to apply to your EFT, please contact us to remove your premium payment from EFT and change to direct bill.
 - If you choose the Reduced Paid Up Option, no further premium payments will be due after your anniversary date and the EFT draft will be discontinued at that time.
- **If you pay your premiums using automatic online (or third-party) accounts**, please update them for your new payment amount.

12. If I wish to cancel my policy, what steps do I take?

We encourage you to keep this important coverage. There may be options available for you to reduce your benefits in order to keep your premium at approximately the same amount as before the premium increase. You may also be able to exercise an option which would provide a paid up policy with a shortened benefit period. We encourage you to consult with your family, your insurance agent, or financial advisor before making a decision to reduce or cancel your coverage. If you choose to cancel your policy, we will be happy to do so upon receipt of your signed and dated request.

13. Whom can I contact with questions?

Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with the change request form. We value the trust you've placed in us, and we're here to help.

Allianz Life Insurance Company of North America

**Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297**

Actuarial Memorandum Supporting 60% Aggregate Premium Rate Increase On Individual Long-Term Care Insurance Policy Forms

1. TYPE OF CHANGE

Allianz Life Insurance Company of North America (Company) proposes the following rate revisions for these riders (collectively referred to as COLA riders) attached to the following policy forms issued in Virginia.

Generation Protector II Policy Form Series: 11-P-Q-VA

11-R3 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 80% rate increase

11-R2 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 70% rate increase

11-R1 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R4 TWO TIMES COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R5 SIMPLE BENEFIT INCREASE RIDER – 50% rate increase

Base Premium Rates – no rate change

The result of this rate increase on the above COLA riders, if approved, is similar to a 60% aggregate rate increase on the base policy form and associated rider nationally. The revised rates will be guaranteed not to increase for 4 years if the proposed rates are approved.

Our company expects to implement the rate change in 2016 or 2017 if this filing is approved.

2. PURPOSE OF FILING

This actuarial memorandum has been prepared for the purpose of demonstrating that a premium rate increase is justified under rate stabilization regulation based on the Long Term Care Model Regulation. Moderately adverse is defined as a 10% increase in future claim cost over the current best estimate. The lifetime loss ratio projections (Exhibits 4-7) are based on current best estimates and do not include this additional 10% increase.

The “58/85” calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and “moderately adverse” assumption produces a justified premium rate increase of 110% (see Exhibit 8). In consideration of our policyholders while balancing the financial viability of these policies, the Company prefers not to request a premium rate increase of this magnitude and is filing for a 60% aggregate rate increase instead. Regarding the schedule of additional rate increases, the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

3. LIMITATIONS AND EXCLUSIONS

This actuarial memorandum is intended to support a 60% aggregate premium rate increase described above on this plan of insurance and it is not appropriate to use for any other purposes.

4. HISTORY OF RATE REVISION

There has been no previous rate revision in Virginia. A history of rate revisions for all Allianz LTC products is included in the Exhibit 1.

5. SCOPE AND APPLICABILITY

This filing applies to active premium paying policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. The rate changes will only apply to applicable riders and there are no changes to the base premiums. Exhibit 2 provides a distribution of in-force policies and total annual premiums by issue state.

These rates when approved will be applied to all policies delivered or issued for delivery in the state of Virginia, regardless of place of current residence.

6. DESCRIPTION OF BENEFITS

These plans are Guaranteed Renewable, Tax Qualified and Non-Qualified, Individual Long Term Care Insurance plan. Plans covers facility care and home and community care where applicable. Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the riders elected by the policyholder. Rider charges are factor based and are a multiplier of the base premium.

Several coverage options are available:

- ❖ Various Maximum Benefit Periods
- ❖ Various Daily Benefit Amounts
- ❖ Various Elimination Periods
- ❖ Facility Care Plan with various Home and Community Care Benefit levels
- ❖ Separate rates for different underwriting classes
- ❖ Separate rates for joint and single lives

7. POLICYHOLDER OPTIONS

Assuming that the proposed rate increase becomes effective, policyholders will have the following options upon notification of the rate increase:

Policyholder Options to Reduce Benefits:

Policyholders with benefits above the minimum coverage level have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.
4. Reduce or cancel COLA riders.

To further minimize the impact to policyholders: As a part of this rate increase, policyholders who reduce or cancel their COLA benefit riders will maintain all of their past COLA benefit increase percentages. Future premiums and benefit increases will be based on the new coverage levels elected by the policyholder. If the policyholder reduces their daily benefit, then the past increase in daily benefit from COLA rider will be reduced by the same proportion.

Example of a COLA rider reduction:

Policyholder with a 5% compound inflation rider can minimize the size of the rate increase reducing to a 5% simple inflation protection rider. Unless policyholders reduce their daily benefit amounts, their current daily benefits will not change as the past COLA increases will be fully vested, and they will receive a 5% simple inflation protection going forward. Policyholders who elect to reduce or cancel their COLA benefit riders will likely see an overall decrease in their premiums.

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$2,122
Annual Premium (80% rate increase, no COLA change)	\$3,819
Annual Premium (50% rate increase, change to 5% simple COLA)	\$2,477
Premium Reduction from COLA change	-\$1,342

57 Single Female, \$150 Original Daily Benefit, 100% HCC, Lifetime BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$3,083
Annual Premium (80% rate increase, no COLA change)	\$5,549
Annual Premium (50% rate increase, change to 5% simple COLA)	\$3,599
Premium Reduction from COLA change	-\$1,950

Example of a COLA Cancellation:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Daily Benefit after canceling COLA rider (cancelled within election window)	\$244

Example of Daily Benefit Reduction:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Reduced Daily benefit from 150 to 100 = $100 * 1.05^{10}$	\$163

Actuarial Equivalence of Vested COLA Benefits:

Exhibit 3 illustrates the future loss ratio for sample policyholders who cancel their 5% compound COLA, or reduce to a 5% simple COLA after the proposed rate increase. Assumptions used in this analysis are consistent with those within this rate filing.

Non-forfeiture Offers:

In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they receive a premium increase at no charge. Acceptance of the non-forfeiture benefit will provide the policyholder with a reduced paid-up policy, with no future premiums required after the effective date of the policyholder's rate increase. Policyholders who elect this option will pay no additional premiums after the effective date of the rate increase, and their benefit pool will be their total premiums paid. In consideration of our policyholders, our company does not subtract past claims from the benefit pool prior to the election of this rider.

8. ISSUE YEAR

These forms were sold from 2006 to 2009 in Virginia, and marketed nationally from 2006 through 2009. These forms are no longer being issued in any state as Allianz stopped issuing all individual standalone long-term care insurance in 2010.

9. UNDERWRITING DESCRIPTION

All policies subject to this rate revision were subject to full underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience. The underwriting selection factor wear off will be monitored and may be reflected in future projections.

10. MARKETING METHOD

Sales were conducted by individual agents, who sold primarily on an individual policy basis. The Company no longer sells long-term care insurance policies.

11. AREA FACTORS

The Company did not use area factors within the state.

12. AVERAGE ANNUAL PREMIUM PER INSURED

Generation Protector II Policy Forms:

Virginia Current Average Annual Premium:	\$2,307	(742 Policies Inforce)
National Original Average Annual Premium:	\$2,180	(15,767 Policies Inforce)

13. PREMIUM MODALIZATION RULES

The modal premium factors will remain unchanged from the current factors.

14. CLAIM RESERVE

At each valuation date, a claim reserve is computed for each active and pending claim case. For active claims, the claim reserve is calculated as the present value of future benefits from the valuation date to the end of the benefit period. Benefit amounts are discounted for interest and claim continuance. Claim reserve have been discounted and allocated to the appropriate incurred year.

15. BEST ESTIMATE ACTUARIAL ASSUMPTIONS

a. Morbidity:

Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and various level of home health care with adjustments for elimination periods and riders.

Claim costs are developed from first principle using company specific historical claim experience. Allianz incidence rates are typically credible up to age 75. The incidence rates for the older ages (75+) are developed based on actuarial judgment using our own experience along with data provided by our consultant in 2012 and the 2007 SOA LTC Intercompany Study. Allianz continuance rates were blended with industry data that was provided by our consultant in 2012 using limited fluctuation credibility. Generally, Allianz continuance rates are lower than industry experience.

Future claim costs are projected on a seriatim basis for each policyholder. These claim costs are adjusted according to each policy's benefit designs, such as COLA option, elimination periods and benefit periods. There is no morbidity load for anti-selection since this will be the first rate increase for these policies.

Underwriting, claim management and product design were taken into consideration when setting the assumptions. Allianz historical experience includes the positive impact of underwriting selection and these underwriting factors are expected to wear off in the future. No scalar increases to the claim cost assumption are made within these projections to reflect the wear off from underwriting selection.

b. Mortality:

The projected future experience uses 80% of the gender-distinct 1994 GAM table that was derived by projected from 1994 to 2014 with a 1% improvement. This assumption is developed based on feedback from our consultants and is consistent with industry practice. The mortality assumption balances our morbidity assumption as neither is projected to have future improvements.

c. Persistency:

The Company's own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows:

1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %
7	0.75 % (for all durations 7 and above)

Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations not caused by deaths are estimated to be around 1.75% annually, all policyholders are on duration 7+.

Based on company experience, a 2% increase to lapse rate is assumed immediately after the implementation of the rate increase to account for the election of reduced paid up benefit.

d. Expected Benefit Reduction:

Based on company's experience in the previous rate increase, the cash flow projection for proposed rate increase includes a 3% cancellation in COLA benefits, 2% decrease in daily benefit, and 4% of policies with a reduction in benefit period. Past COLA benefit increases are modeled as 100% vested in the loss ratio projection.

e. Interest and Investment Income:

Interest rate of 4.0% used in the original product filing is also used in these exhibits to calculate the loss ratio. Changes in interest rates and investment income are not used to justify the rate increase.

f. Expenses:

Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate

g. Moderately Adverse Assumption:

Moderately adverse condition is defined as a 10% increase in future claim cost over the current best estimate. The loss ratio projections within Exhibit 3-7 are based on the best estimate assumptions and original pricing discount rates as specified above.

16. DEMONSTRATION OF SATISFACTION OF REQUIREMENTS

The projections included in this filing are produced by applying “best estimate” actuarial assumptions that reasonably reflect actual experience. The anticipated lifetime loss ratio for policies based on these assumptions is currently 101.3% and 121.0% for National and Virginia without the rate increase (Exhibit 4 & 5), 78.9% and 89.0% after the proposed rate increase (Exhibits 6 & 7). Loss ratios for Virginia policyholders are slightly higher than national policies mainly due to the difference in distribution of business mix.

A detailed demonstration of the 58/85 calculations justifying the rate increase can be found in Exhibits 8. The justifiable rate increases under moderately adverse conditions are 110% on a national basis. Moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate.

Actual to expected loss ratio is close to 100% (Exhibit 4).

17. ANALYSIS PERFORMED TO CONSIDER A RATE INCREASE

The initial premium schedules were based on pricing assumptions that reflected the Company’s best estimate utilizing the available information at the time. Actual experience for these policies has deviated from those original assumptions. A rate increase is necessary to help these products achieve the Company’s revised loss ratio target of 75%. The original pricing assumptions compared to our current assumptions are included in the Exhibit 9.

18. LOSS RATIOS

The analysis below breaks down the lifetime loss ratio by each assumption update to the original pricing assumption. The historical premium and claims are based on actual experience, while future rate increases are reflective of the premium revision proposed in this filing. For actuarial modeling purposes the rate increase is assumed to be effective July, 2016.

	National Experience Without Rate Increase			
	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss ratio</u>	<u>Marginal Increase to LR</u>
Original Loss Ratio			66.0%	
Updated Morbidity	633,545,084	547,858,356	86.5%	31.0%
Updated Mortality & Morbidity	652,696,177	666,942,853	102.2%	23.8%
Updated Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	-1.3%
Best Estimate Assumption:	660,495,407	669,377,487	101.3%	53.6%
Updated Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
Updated Expense & Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
	National Experience After 60% Rate Increase			
	<u>Earned</u>	<u>Incurred</u>	<u>Loss</u>	<u>Marginal Increase to LR</u>

	<u>Premium</u>	<u>Claims</u>	<u>ratio</u>	
Best Estimate Assumption:	802,087,105	632,903,638	78.9%	19.5%

Based on historical experience combined with projected future experience.

Premiums and Claims cash flows are discounted at original pricing interest rate (4.0%).

Loss Ratio by COLA riders prior to the rate increase:

National	5% Compound	4% Compound	Other COLA	No COLA*	Grand Total
Proposed Rate Increase	80.0%	70.0%	50.0%	0.0%	60.0%
Lifetime LR No Rate Increase	130.7%	102.1%	83.4%	50.1%	101.3%
Lifetime LR After Increase	93.2%	75.4%	66.8%	53.1%	78.9%

*The lifetime loss ratio of No COLA increases after the rate increase due to the policyholders who cancel their COLA riders and vest their past COLA daily benefit increase. This increase also demonstrates that the actuarial equivalent of vesting COLA is larger than policyholders who have not elected COLA.

19. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of Dec 31, 2014 to project future experience.

	National				
Benefit period	5% Compound COLA	4% Compound COLA	Other COLA	No COLA	Grand Total
2-Year	0.7%	0.1%	0.9%	0.8%	2.4%
3-Year	9.2%	1.4%	9.3%	4.8%	24.7%
4-Year	6.0%	0.8%	4.2%	1.7%	12.8%
5-Year	15.8%	1.8%	10.5%	4.8%	32.9%
8-Year	7.0%	0.7%	3.3%	1.8%	12.8%
Lifetime	6.9%	0.7%	4.0%	2.8%	14.4%
Grand Total	45.6%	5.5%	32.3%	16.7%	100.0%

	Virginia				
Benefit period	5% Compound	4% Compound	Other COLA	No COLA	Grand Total
2-Year	1.6%	0.0%	0.1%	0.0%	1.8%
3-Year	10.6%	1.2%	3.9%	2.0%	17.8%
4-Year	3.8%	0.4%	4.2%	0.4%	8.8%
5-Year	27.4%	2.6%	5.7%	1.5%	37.1%
8-Year	7.4%	0.7%	3.2%	1.6%	12.9%
Lifetime	10.9%	1.8%	7.3%	1.8%	21.7%
Grand Total	61.7%	6.6%	24.4%	7.3%	100.0%
Proposed Rate Increase	80%	70%	50%	0%	60%
Policyholder Impacted	458	49	181	54	742

20. ACTUARIAL CERTIFICATION

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualifications standards for preparing health rate filings.

Claims, reserves, and policyholder data are provided by our third party administrator and our valuation actuaries. Data was reviewed for reasonableness.

I hereby certify that, to the best of my knowledge and belief:

- a. This filing complies with Actuarial Standards of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans";
- b. The rates are not unfairly discriminatory and the gross premiums are not excessive. The gross premiums are not reasonable in relation to the benefits.
- c. Moderately adverse condition is defined as a 10% increase in future claim cost over the current best estimate provided in the loss ratio Exhibits 4-7.
- d. I certify that no further rate schedule increases are anticipated if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.



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August 17, 2015

Exhibit 1
National Rate Increases
Allianz Life Insurance of North America

2009 Rate Increase		
State	Min Increase	Max Increase
AK	0%	25%
AL	15%	25%
AR	18%	25%
CO, NH, WA, WY	20%	25%
IA	15%	25%
ME, NC	22%	25%
MS, MT, SD, TN, WV, IN, HI, NE	23%	25%
NJ	8%	25%
NV	10%	25%
PA	21%	25%
TX	16%	25%
VA	8%	25%
WI	18%	25%
ID, IL, KY, MI, MO, NM	25%	25%
DE	11%	20%
LA	16%	20%
OH	20%	20%
SC	16%	20%
AZ, KS	15%	15%
MD	6%	15%
ND	12%	15%
GA, OK	10%	10%
OR	7%	10%
CA, CT, DC, FL, MA, MN, RI, UT, VT, NY	0%	0%

2012 Rate Increase		
State	Min Increase	Max Increase
IL	25%	100%
AZ	25%	75%
TX	17%	75%
AK, CO, MI, MS, MO, NH, NC, OK, OR, SD, TN, WA, WV, WY	25%	25%
AL	20%	25%
HI	3%*	25%
KY	3%*	25%
ME	24%	25%
MT, WI	10%	25%
NJ	15%	25%
OH	20%	25%
NE	10%	20%
PA, SC	20%	20%
DE, GA, MD, ND	15%	15%
IA	8%	15%
VA	14%	100% Pending
ID, KS, NY	10%	10%
FL	7%	7%
CT, NM	0%	0%
CA	Filed, Pending	Filed, Pending
MN	Filed, Pending	Filed, Pending
DC, IN, LA, MA, NV, RI, UT, AR, VT		Filed, Pending

Exhibit 2
National
Policy From Series: 11-P-Q
As of 12/31/2014
Count of Inforce Lives Insured

State	Lives	Premium	
AK	38	\$	98,581
AL	404	\$	747,812
AR	128	\$	252,529
AZ	417	\$	884,802
CO	609	\$	1,397,854
CT	141	\$	444,009
DC	29	\$	73,097
DE	36	\$	91,142
FL	583	\$	1,470,734
GA	687	\$	1,443,410
HI	26	\$	62,862
IA	452	\$	939,335
ID	143	\$	280,199
IL	848	\$	1,933,974
IN	49	\$	108,726
KS	413	\$	788,669
KY	184	\$	381,622
LA	211	\$	382,662
MA	50	\$	174,597
MD	351	\$	816,554
ME	78	\$	266,783
MI	467	\$	1,030,156
MN	1,689	\$	3,547,592
MO	721	\$	1,378,810
MS	114	\$	194,282
MT	134	\$	293,920
NC	399	\$	843,438
ND	141	\$	280,405
NE	431	\$	978,211
NH	88	\$	275,838
NJ	334	\$	890,139
NM	129	\$	267,271
NV	100	\$	213,178
OH	486	\$	1,035,315
OK	261	\$	529,765
OR	304	\$	586,066
PA	608	\$	1,479,816
RI	79	\$	172,757
SC	249	\$	482,932
SD	200	\$	409,073
TN	406	\$	787,295
TX	970	\$	1,914,224
UT	55	\$	101,613
VA	742	\$	1,712,139
VT	32	\$	75,004
WA	282	\$	682,098
WI	365	\$	920,464
WV	28	\$	57,534
WY	76	\$	187,286
Grand Total	15,767	\$	34,366,573

Exhibit 3

Table 1

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age Year	Expected Claim Cost			Expected Claim		
	Daily Benefit	Earned Prem	(5 % Compound)	Daily Benefit	Earned Prem	Cost (5 % Simple)
67 2015	244.33	3,818.88	359.58	244.33	2,476.80	342.06
68 2016	256.55	3,719.74	427.48	251.83	2,412.50	399.17
69 2017	269.38	3,620.25	518.10	259.33	2,347.98	474.48
70 2018	282.85	3,520.73	621.59	266.83	2,283.43	557.83
71 2019	296.99	3,421.13	865.47	274.33	2,218.83	760.49
72 2020	311.84	3,321.05	1,108.63	281.83	2,153.92	953.13
73 2021	327.43	3,219.84	1,303.86	289.33	2,088.28	1,096.01
74 2022	343.80	3,117.07	1,643.62	296.83	2,021.63	1,349.92
75 2023	360.99	3,012.59	1,814.61	304.33	1,953.87	1,455.26
76 2024	379.04	2,906.15	2,048.93	311.83	1,884.83	1,603.49
77 2025	397.99	2,797.44	2,287.90	319.33	1,814.33	1,746.26
78 2026	417.89	2,686.12	2,702.92	326.83	1,742.13	2,010.93
79 2027	438.79	2,572.13	3,455.11	334.33	1,668.20	2,504.32
80 2028	460.73	2,455.62	4,148.74	341.83	1,592.64	2,928.13
81 2029	483.76	2,336.61	5,100.62	349.33	1,515.45	3,503.75
82 2030	507.95	2,215.00	6,240.17	356.83	1,436.58	4,170.06
83 2031	533.35	2,090.66	7,015.19	364.33	1,355.93	4,558.58
84 2032	560.02	1,963.93	7,408.19	371.83	1,273.74	4,679.10
85 2033	588.02	1,835.43	8,417.90	379.33	1,190.40	5,110.11
86 2034	617.42	1,705.59	9,503.66	386.83	1,106.19	5,542.73
87 2035	648.29	1,574.73	10,650.21	394.33	1,021.32	5,965.33
88 2036	680.71	1,443.18	11,451.40	401.83	936.00	6,352.76
89 2037	714.74	1,311.50	12,198.12	409.33	850.59	6,583.46
90 2038	750.48	1,180.73	12,861.14	416.83	765.78	6,631.27
91 2039	788.00	1,052.16	13,410.85	424.33	682.40	6,544.23
92 2040	827.40	927.27	13,819.15	431.83	601.40	6,322.18
93 2041	868.77	807.57	14,060.51	439.33	523.76	5,973.59
94 2042	912.21	694.46	14,113.26	446.83	450.40	5,514.99
95 2043	957.82	589.14	13,962.30	454.33	382.10	4,970.01
			\$43,932.50			
			Future LR			
			184.6%			
			\$28,493.17			
			Future LR			
			165.2%			

Exhibit 3**Table 2**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(5% Simple)
75	2015	244.33	6,076.08	1,556.92	244.33	4,254.30	1,481.05
76	2016	256.55	5,861.40	1,757.96	251.83	4,103.99	1,641.55
77	2017	269.38	5,642.16	1,962.99	259.33	3,950.48	1,797.71
78	2018	282.85	5,417.62	2,319.08	266.83	3,793.27	2,081.17
79	2019	296.99	5,187.71	2,964.45	274.33	3,632.29	2,604.87
80	2020	311.84	4,952.74	3,559.58	281.83	3,467.77	3,060.30
81	2021	327.43	4,712.70	4,376.28	289.33	3,299.70	3,678.64
82	2022	343.80	4,467.42	5,354.00	296.83	3,127.96	4,397.30
83	2023	360.99	4,216.65	6,018.96	304.33	2,952.38	4,827.00
84	2024	379.04	3,961.05	6,356.15	311.83	2,773.41	4,974.31
85	2025	397.99	3,701.88	7,222.46	319.33	2,591.95	5,453.18
86	2026	417.89	3,440.00	8,154.03	326.83	2,408.59	5,936.39
87	2027	438.79	3,176.07	9,137.77	334.33	2,223.80	6,411.31
88	2028	460.73	2,910.74	9,825.18	341.83	2,038.02	6,850.58
89	2029	483.76	2,645.15	10,465.85	349.33	1,852.06	7,122.18
90	2030	507.95	2,381.40	11,034.71	356.83	1,667.39	7,196.07
91	2031	533.35	2,122.11	11,506.36	364.33	1,485.84	7,122.73
92	2032	560.02	1,870.21	11,856.68	371.83	1,309.47	6,900.73
93	2033	588.02	1,628.79	12,063.76	379.33	1,140.43	6,538.21
94	2034	617.42	1,400.66	12,109.02	386.83	980.70	6,052.29
95	2035	648.29	1,188.24	11,979.50	394.33	831.97	5,468.17
		\$56,398.89		\$88,778.45	\$39,488.91		\$61,820.44
		Future LR		157.4%	Future LR		156.6%

Exhibit 3

Table 3

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit

5% Compound Switch to 5% Simple COLA

Past COLA Increases 100% Vested

Rate Increase Reduced From 80% to 50%

10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (5% Simple)
67	2015	244.33	5,549.31	721.58	244.33	3,599.10	718.50
68	2016	256.55	5,380.20	853.28	251.83	3,489.42	834.01
69	2017	269.38	5,208.47	1,027.76	259.33	3,378.05	985.22
70	2018	282.85	5,033.89	1,224.12	266.83	3,264.82	1,149.89
71	2019	296.99	4,856.04	1,690.08	274.33	3,149.47	1,554.49
72	2020	311.84	4,674.39	2,144.11	281.83	3,031.66	1,929.53
73	2021	327.43	4,488.37	2,494.28	289.33	2,911.01	2,194.65
74	2022	343.80	4,297.90	3,105.94	296.83	2,787.48	2,670.17
75	2023	360.99	4,103.23	3,382.38	304.33	2,661.22	2,839.33
76	2024	379.04	3,904.36	3,761.05	311.83	2,532.24	3,080.96
77	2025	397.99	3,701.16	4,128.24	319.33	2,400.45	3,298.19
78	2026	417.89	3,493.39	4,784.50	326.83	2,265.70	3,725.97
79	2027	438.79	3,281.63	5,986.98	334.33	2,128.36	4,542.29
80	2028	460.73	3,066.92	7,020.60	341.83	1,989.10	5,186.64
81	2029	483.76	2,849.96	8,406.70	349.33	1,848.39	6,044.69
82	2030	507.95	2,631.30	9,986.23	356.83	1,706.57	6,985.31
83	2031	533.35	2,411.48	10,860.51	364.33	1,564.00	7,387.18
84	2032	560.02	2,191.45	11,048.23	371.83	1,421.30	7,304.35
85	2033	588.02	1,972.94	11,908.98	379.33	1,279.58	7,649.74
86	2034	617.42	1,758.11	12,695.42	386.83	1,140.26	7,920.14
87	2035	648.29	1,549.43	13,374.19	394.33	1,004.91	8,100.35
88	2036	680.71	1,349.41	13,887.43	401.83	875.18	8,163.02
89	2037	714.74	1,160.41	13,978.60	409.33	752.60	7,971.40
90	2038	750.48	984.43	13,622.39	416.83	638.47	7,533.91
91	2039	788.00	823.12	13,866.27	424.33	533.85	7,435.02
92	2040	827.40	725.42	13,821.29	431.83	470.48	7,182.75
93	2041	868.77	631.77	13,478.10	439.33	409.75	6,786.71
94	2042	912.21	543.29	12,846.23	446.83	352.36	6,265.69
95	2043	957.82	460.89	11,954.96	454.33	298.92	5,646.52
		\$57,597.46		\$107,097.06	\$37,355.82		\$70,546.71
		Future LR		185.9%	Future LR		188.9%

Exhibit 3**Table 4**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost (5%)		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(5% Simple)
75	2015	244.33	8,956.98	3,138.88	244.33	6,271.43	3,125.48
76	2016	256.55	8,640.52	3,544.19	251.83	6,049.85	3,464.18
77	2017	269.38	8,317.32	3,957.56	259.33	5,823.55	3,793.73
78	2018	282.85	7,986.32	4,675.45	266.83	5,591.80	4,391.92
79	2019	296.99	7,647.40	5,976.57	274.33	5,354.50	5,497.09
80	2020	311.84	7,301.02	7,176.41	281.83	5,111.97	6,458.20
81	2021	327.43	6,947.17	8,822.94	289.33	4,864.21	7,763.09
82	2022	343.80	6,585.60	10,794.11	296.83	4,611.05	9,279.69
83	2023	360.99	6,215.92	12,134.73	304.33	4,352.21	10,186.47
84	2024	379.04	5,839.13	12,814.53	311.83	4,088.39	10,497.36
85	2025	397.99	5,457.08	14,404.12	319.33	3,820.89	11,507.92
86	2026	417.89	5,071.03	16,086.69	326.83	3,550.59	12,527.64
87	2027	438.79	4,681.97	17,833.10	334.33	3,278.18	13,529.87
88	2028	460.73	4,290.83	19,568.70	341.83	3,004.32	14,456.87
89	2029	483.76	3,899.32	20,903.15	349.33	2,730.19	15,030.04
90	2030	507.95	3,510.52	21,709.92	356.83	2,457.96	15,185.97
91	2031	533.35	3,128.28	22,098.60	364.33	2,190.33	15,031.19
92	2032	560.02	2,756.95	22,026.90	371.83	1,930.34	14,562.71
93	2033	588.02	2,401.06	21,479.97	379.33	1,681.15	13,797.67
94	2034	617.42	2,064.76	20,472.97	386.83	1,445.69	12,772.22
95	2035	648.29	1,751.64	19,052.55	394.33	1,226.45	11,539.56
		\$83,139.74		\$170,898.82	\$58,212.10		\$130,460.51
		Future LR		205.6%	Future LR		224.1%

Exhibit 3**Table 5**

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Daily Benefit	Earned Prem	Expected Claim Cost (5% Compound)	Daily Benefit	Earned Prem	Expected Claim Cost (No COLA)
67	2015	244.33	3,818.88	359.58	244.33	960.00	321.86
68	2016	256.55	3,719.74	427.48	244.33	935.08	364.41
69	2017	269.38	3,620.25	518.10	244.33	910.07	420.64
70	2018	282.85	3,520.73	621.59	244.33	885.05	480.63
71	2019	296.99	3,421.13	865.47	244.33	860.01	637.33
72	2020	311.84	3,321.05	1,108.63	244.33	834.85	777.52
73	2021	327.43	3,219.84	1,303.86	244.33	809.41	870.89
74	2022	343.80	3,117.07	1,643.62	244.33	783.58	1,045.55
75	2023	360.99	3,012.59	1,814.61	244.33	757.31	1,099.36
76	2024	379.04	2,906.15	2,048.93	244.33	730.56	1,182.21
77	2025	397.99	2,797.44	2,287.90	244.33	703.23	1,257.23
78	2026	417.89	2,686.12	2,702.92	244.33	675.24	1,414.56
79	2027	438.79	2,572.13	3,455.11	244.33	646.59	1,722.11
80	2028	460.73	2,455.62	4,148.74	244.33	617.30	1,969.36
81	2029	483.76	2,336.61	5,100.62	244.33	587.38	2,305.91
82	2030	507.95	2,215.00	6,240.17	244.33	556.81	2,686.75
83	2031	533.35	2,090.66	7,015.19	244.33	525.56	2,876.61
84	2032	560.02	1,963.93	7,408.19	244.33	493.70	2,893.11
85	2033	588.02	1,835.43	8,417.90	244.33	461.40	3,097.13
86	2034	617.42	1,705.59	9,503.66	244.33	428.76	3,294.20
87	2035	648.29	1,574.73	10,650.21	244.33	395.86	3,477.93
88	2036	680.71	1,443.18	11,451.40	244.33	362.79	3,634.68
89	2037	714.74	1,311.50	12,198.12	244.33	329.69	3,697.66
90	2038	750.48	1,180.73	12,861.14	244.33	296.81	3,657.50
91	2039	788.00	1,052.16	13,410.85	244.33	264.50	3,545.69
92	2040	827.40	927.27	13,819.15	244.33	233.10	3,365.89
93	2041	868.77	807.57	14,060.51	244.33	203.01	3,126.02
94	2042	912.21	694.46	14,113.26	244.33	174.58	2,837.59
95	2043	957.82	589.14	13,962.30	244.33	148.10	2,514.97
		\$43,932.50		\$81,118.72	\$11,043.87		\$29,399.23
		Future LR		184.6%	Future LR		266.2%

Exhibit 3**Table 6**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(No COLA)
75	2015	244.33	6,076.08	1,556.92	244.33	1,740.00	1,481.05
76	2016	256.55	5,861.40	1,757.96	244.33	1,678.52	1,592.66
77	2017	269.38	5,642.16	1,962.99	244.33	1,615.74	1,693.73
78	2018	282.85	5,417.62	2,319.08	244.33	1,551.44	1,905.68
79	2019	296.99	5,187.71	2,964.45	244.33	1,485.60	2,320.01
80	2020	311.84	4,952.74	3,559.58	244.33	1,418.31	2,653.11
81	2021	327.43	4,712.70	4,376.28	244.33	1,349.57	3,106.51
82	2022	343.80	4,467.42	5,354.00	244.33	1,279.33	3,619.57
83	2023	360.99	4,216.65	6,018.96	244.33	1,207.52	3,875.35
84	2024	379.04	3,961.05	6,356.15	244.33	1,134.32	3,897.57
85	2025	397.99	3,701.88	7,222.46	244.33	1,060.10	4,172.42
86	2026	417.89	3,440.00	8,154.03	244.33	985.11	4,437.92
87	2027	438.79	3,176.07	9,137.77	244.33	909.53	4,685.44
88	2028	460.73	2,910.74	9,825.18	244.33	833.54	4,896.61
89	2029	483.76	2,645.15	10,465.85	244.33	757.49	4,981.46
90	2030	507.95	2,381.40	11,034.71	244.33	681.96	4,927.35
91	2031	533.35	2,122.11	11,506.36	244.33	607.70	4,776.73
92	2032	560.02	1,870.21	11,856.68	244.33	535.57	4,534.51
93	2033	588.02	1,628.79	12,063.76	244.33	466.43	4,211.35
94	2034	617.42	1,400.66	12,109.02	244.33	401.10	3,822.78
95	2035	648.29	1,188.24	11,979.50	244.33	340.28	3,388.14
				\$56,398.89			\$16,150.88
				Future LR			Future LR
				157.4%			290.0%

Exhibit 3**Table 7**

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Daily Benefit	Earned Prem	Expected Claim Cost	
			(5% Compound)				(No COLA)	
67	2015	244.33	5,549.31	721.58	244.33	1,395.00	666.44	
68	2016	256.55	5,380.20	853.28	244.33	1,352.49	750.54	
69	2017	269.38	5,208.47	1,027.76	244.33	1,309.32	860.97	
70	2018	282.85	5,033.89	1,224.12	244.33	1,265.43	976.63	
71	2019	296.99	4,856.04	1,690.08	244.33	1,220.72	1,284.18	
72	2020	311.84	4,674.39	2,144.11	244.33	1,175.06	1,551.58	
73	2021	327.43	4,488.37	2,494.28	244.33	1,128.30	1,719.03	
74	2022	343.80	4,297.90	3,105.94	244.33	1,080.42	2,038.65	
75	2023	360.99	4,103.23	3,382.38	244.33	1,031.48	2,114.37	
76	2024	379.04	3,904.36	3,761.05	244.33	981.49	2,239.13	
77	2025	397.99	3,701.16	4,128.24	244.33	930.41	2,340.70	
78	2026	417.89	3,493.39	4,784.50	244.33	878.18	2,583.62	
79	2027	438.79	3,281.63	5,986.98	244.33	824.95	3,079.01	
80	2028	460.73	3,066.92	7,020.60	244.33	770.97	3,438.65	
81	2029	483.76	2,849.96	8,406.70	244.33	716.43	3,921.48	
82	2030	507.95	2,631.30	9,986.23	244.33	661.46	4,436.46	
83	2031	533.35	2,411.48	10,860.51	244.33	606.20	4,595.11	
84	2032	560.02	2,191.45	11,048.23	244.33	550.89	4,451.94	
85	2033	588.02	1,972.94	11,908.98	244.33	495.96	4,570.27	
86	2034	617.42	1,758.11	12,695.42	244.33	441.96	4,640.07	
87	2035	648.29	1,549.43	13,374.19	244.33	389.50	4,655.39	
88	2036	680.71	1,349.41	13,887.43	244.33	339.22	4,603.85	
89	2037	714.74	1,160.41	13,978.60	244.33	291.71	4,413.40	
90	2038	750.48	984.43	13,622.39	244.33	247.47	4,096.13	
91	2039	788.00	823.12	13,866.27	244.33	206.92	3,970.92	
92	2040	827.40	725.42	13,821.29	244.33	182.36	3,769.56	
93	2041	868.77	631.77	13,478.10	244.33	158.82	3,500.91	
94	2042	912.21	543.29	12,846.23	244.33	136.57	3,177.89	
95	2043	957.82	460.89	11,954.96	244.33	115.86	2,816.58	
		\$57,597.46		\$107,097.06	\$14,479.00		\$44,770.04	
		Future LR		185.9%	Future LR		309.2%	

Exhibit 3**Table 8**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained		Expected Claim Cost			Expected Claim		
Age	Year	Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (No COLA)
75	2015	244.33	8,956.98	3,138.88	244.33	2,565.00	2,899.01
76	2016	256.55	8,640.52	3,544.19	244.33	2,474.38	3,117.47
77	2017	269.38	8,317.32	3,957.56	244.33	2,381.82	3,315.30
78	2018	282.85	7,986.32	4,675.45	244.33	2,287.03	3,730.19
79	2019	296.99	7,647.40	5,976.57	244.33	2,189.98	4,541.19
80	2020	311.84	7,301.02	7,176.41	244.33	2,090.78	5,193.20
81	2021	327.43	6,947.17	8,822.94	244.33	1,989.45	6,080.68
82	2022	343.80	6,585.60	10,794.11	244.33	1,885.91	7,084.94
83	2023	360.99	6,215.92	12,134.73	244.33	1,780.05	7,585.60
84	2024	379.04	5,839.13	12,814.53	244.33	1,672.14	7,629.10
85	2025	397.99	5,457.08	14,404.12	244.33	1,562.74	8,167.11
86	2026	417.89	5,071.03	16,086.69	244.33	1,452.19	8,686.78
87	2027	438.79	4,681.97	17,833.10	244.33	1,340.77	9,171.28
88	2028	460.73	4,290.83	19,568.70	244.33	1,228.76	9,584.64
89	2029	483.76	3,899.32	20,903.15	244.33	1,116.64	9,750.71
90	2030	507.95	3,510.52	21,709.92	244.33	1,005.30	9,644.80
91	2031	533.35	3,128.28	22,098.60	244.33	895.84	9,349.98
92	2032	560.02	2,756.95	22,026.90	244.33	789.51	8,875.85
93	2033	588.02	2,401.06	21,479.97	244.33	687.59	8,243.30
94	2034	617.42	2,064.76	20,472.97	244.33	591.28	7,482.70
95	2035	648.29	1,751.64	19,052.55	244.33	501.61	6,631.96
		\$83,139.74		\$170,898.82	\$23,808.63		\$91,680.51
		Future LR		205.6%	Future LR		385.1%

Exhibit 4

**Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q
As of 12/31/2014
No Rate Increase, Best Estimate & Pricing Interest Rate**

Year	Earned Premium*	Incurred Claims*	Loss Ratio	Expected Earned	Expected Incurred	Expected Loss	Actual to
				Premium	Claims	Ratio	Expected
2006	\$1,720,870	\$0	0.0%	\$1,720,870	\$25,129	1.5%	0.0%
2007	\$11,618,948	\$226,659	2.0%	\$11,606,305	\$185,947	1.6%	121.8%
2008	\$25,153,341	\$130,729	0.5%	\$25,373,783	\$499,442	2.0%	26.4%
2009	\$34,229,481	\$635,798	1.9%	\$35,342,763	\$901,584	2.6%	72.8%
2010	\$37,743,853	\$688,811	1.8%	\$39,139,436	\$1,344,722	3.4%	53.1%
2011	\$36,614,035	\$1,564,630	4.3%	\$37,583,970	\$1,794,610	4.8%	89.5%
2012	\$35,819,346	\$3,303,696	9.2%	\$36,290,239	\$2,309,261	6.4%	144.9%
2013	\$35,211,460	\$3,499,104	9.9%	\$35,143,453	\$2,898,768	8.2%	120.5%
2014	\$34,506,297	\$2,856,344	8.3%	\$34,052,401	\$3,555,268	10.4%	79.3%
2015	\$34,064,272	\$5,401,680	15.86%				
2016	\$33,044,035	\$6,269,638	18.97%				
2017	\$31,356,710	\$7,305,943	23.30%				
2018	\$29,790,211	\$8,512,855	28.58%				
2019	\$28,371,876	\$9,875,616	34.81%				
2020	\$27,188,154	\$11,412,193	41.97%				
2021	\$26,236,142	\$13,132,739	50.06%				
2022	\$25,236,586	\$15,064,505	59.69%				
2023	\$24,231,228	\$17,190,795	70.94%				
2024	\$23,188,385	\$19,504,252	84.11%				
2025	\$22,123,363	\$22,012,122	99.50%				
2026	\$21,026,841	\$24,676,028	117.35%				
2027	\$19,914,554	\$27,489,237	138.04%				
2028	\$18,782,889	\$30,374,821	161.72%				
2029	\$17,642,668	\$33,343,593	188.99%				
2030	\$16,500,577	\$36,291,501	219.94%				
2031	\$15,384,755	\$39,154,076	254.50%				
2032	\$14,285,334	\$41,862,632	293.05%				
2033	\$13,208,664	\$44,321,731	335.55%				
2034	\$12,159,894	\$46,481,509	382.25%				
2035	\$11,146,280	\$48,267,253	433.03%				
2036	\$10,162,983	\$49,772,302	489.74%				
2037	\$9,218,790	\$51,497,688	558.62%				
2038	\$8,317,494	\$53,663,500	645.19%				
2039	\$7,464,817	\$56,122,122	751.82%				
2040	\$6,660,916	\$58,449,629	877.50%				
2041	\$5,907,805	\$60,246,203	1019.77%				
2042	\$5,206,150	\$61,443,391	1180.21%				
2043	\$4,561,546	\$61,975,309	1358.65%				
2044	\$3,970,780	\$61,839,263	1557.36%				
2045	\$3,434,658	\$61,049,514	1777.46%				
2046	\$2,952,122	\$59,643,434	2020.36%				
2047	\$2,521,066	\$57,646,543	2286.59%				
2048	\$2,139,170	\$55,125,394	2576.95%				
2049	\$1,803,624	\$52,162,067	2892.07%				
2050	\$1,511,233	\$48,862,950	3233.32%				
2051	\$1,258,519	\$45,334,290	3602.19%				
2052	\$1,041,842	\$41,671,279	3999.77%				
2053	\$857,523	\$37,951,191	4425.67%				
2054	\$701,933	\$34,266,522	4881.73%				
2055	\$571,569	\$30,698,685	5370.95%				
2056	\$463,115	\$27,301,520	5895.19%				
2057	\$373,491	\$24,110,264	6455.38%				
2058	\$299,889	\$21,154,169	7053.99%				
2059	\$239,799	\$18,460,424	7698.29%				
2060	\$191,002	\$16,018,203	8386.41%				
2061	\$151,572	\$13,832,569	9126.08%				
2062	\$119,853	\$11,900,581	9929.29%				
2063	\$94,446	\$10,199,594	10799.45%				
2064	\$74,173	\$8,709,426	11742.03%				
2065	\$58,058	\$7,411,209	12765.24%				
2066	\$45,291	\$6,285,222	13877.56%				
2067	\$35,208	\$5,311,167	15084.95%				
2068	\$27,272	\$4,478,682	16422.19%				
2069	\$21,049	\$3,770,503	17912.66%				
2070+	\$87,645	\$21,351,675	24361.42%				

Summary of Experience at 4% Interest

	Earned Premium*	Incurred Claims*	Loss Ratio	Expected Earned	Expected Incurred	Expected Loss	Actual to
				Premium	Claims	Ratio	Expected
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%	\$296,407,650	\$14,957,936	5.0%	96.0%
Projected Future (2015 +)	\$368,498,568	\$655,231,140	177.8%				
Total Lifetime Anticipated	\$660,495,420	\$669,377,579	101.3%				

*Actuals for 2014 and prior

Exhibit 5

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014**

No Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,696,573	\$214,137	12.62%
2016	\$1,661,398	\$249,267	15.00%
2017	\$1,608,575	\$292,561	18.19%
2018	\$1,552,864	\$344,542	22.19%
2019	\$1,494,357	\$400,766	26.82%
2020	\$1,445,050	\$464,855	32.17%
2021	\$1,404,574	\$535,461	38.12%
2022	\$1,350,599	\$618,841	45.82%
2023	\$1,300,278	\$715,509	55.03%
2024	\$1,249,326	\$821,842	65.78%
2025	\$1,200,392	\$943,946	78.64%
2026	\$1,152,212	\$1,078,314	93.59%
2027	\$1,099,640	\$1,221,218	111.06%
2028	\$1,047,866	\$1,373,772	131.10%
2029	\$992,663	\$1,542,792	155.42%
2030	\$933,832	\$1,712,440	183.38%
2031	\$879,539	\$1,893,552	215.29%
2032	\$825,832	\$2,076,042	251.39%
2033	\$774,625	\$2,249,177	290.36%
2034	\$724,639	\$2,412,123	332.87%
2035	\$674,770	\$2,568,720	380.68%
2036	\$622,587	\$2,713,788	435.89%
2037	\$574,021	\$2,885,961	502.76%
2038	\$527,204	\$3,099,327	587.88%
2039	\$483,618	\$3,337,226	690.05%
2040	\$441,779	\$3,568,044	807.65%
2041	\$401,841	\$3,784,649	941.83%
2042	\$363,936	\$3,970,886	1091.09%
2043	\$328,169	\$4,126,591	1257.46%
2044	\$294,637	\$4,248,174	1441.83%
2045	\$263,397	\$4,335,156	1645.86%
2046	\$234,471	\$4,393,662	1873.86%
2047	\$207,858	\$4,416,550	2124.79%
2048	\$183,519	\$4,398,930	2396.99%
2049	\$161,396	\$4,337,740	2687.64%
2050	\$141,403	\$4,243,675	3001.12%
2051	\$123,437	\$4,123,038	3340.20%
2052	\$107,373	\$3,972,249	3699.49%
2053	\$93,081	\$3,799,442	4081.87%
2054	\$80,426	\$3,611,605	4490.59%
2055	\$69,263	\$3,414,122	4929.21%
2056	\$59,456	\$3,208,382	5396.23%
2057	\$50,872	\$2,991,998	5881.42%
2058	\$43,380	\$2,768,189	6381.26%
2059	\$36,864	\$2,543,763	6900.40%
2060	\$31,210	\$2,319,711	7432.59%
2061	\$26,328	\$2,098,935	7972.25%
2062	\$22,127	\$1,884,048	8514.70%
2063	\$18,519	\$1,674,539	9042.28%
2064	\$15,436	\$1,475,993	9562.02%
2065	\$12,817	\$1,289,278	10059.12%
2066	\$10,594	\$1,113,762	10513.14%
2067	\$8,722	\$953,634	10933.66%
2068	\$7,148	\$810,604	11340.29%
2069	\$5,830	\$684,775	11745.71%
2070+	\$28,315	\$3,875,543	13687.24%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$20,155,439	\$41,253,319	204.7%
Total Lifetime Anticipated	\$34,503,912	\$41,741,877	121.0%

*Actuals for 2014 and prior

Exhibit 6

**Allianz Life Insurance Company of North America
National**

Policy Form Series : 11-P-Q

As of 12/31/2014

60 % Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$1,720,870	\$0	0.0%
2007	\$11,618,948	\$226,659	2.0%
2008	\$25,153,341	\$130,729	0.5%
2009	\$34,229,481	\$635,798	1.9%
2010	\$37,743,853	\$688,811	1.8%
2011	\$36,614,035	\$1,564,630	4.3%
2012	\$35,819,346	\$3,303,696	9.2%
2013	\$35,211,460	\$3,499,104	9.9%
2014	\$34,506,297	\$2,856,344	8.3%
2015	\$31,778,831	\$5,207,896	16.39%
2016	\$33,052,800	\$6,058,493	18.33%
2017	\$43,819,644	\$7,163,639	16.35%
2018	\$43,682,301	\$8,361,271	19.14%
2019	\$41,580,101	\$9,685,466	23.29%
2020	\$39,866,164	\$11,163,272	28.00%
2021	\$38,522,510	\$12,801,792	33.23%
2022	\$37,107,976	\$14,636,888	39.44%
2023	\$35,683,644	\$16,651,902	46.67%
2024	\$34,202,307	\$18,839,505	55.08%
2025	\$32,682,411	\$21,203,410	64.88%
2026	\$31,111,280	\$23,706,391	76.20%
2027	\$29,514,268	\$26,344,523	89.26%
2028	\$27,884,812	\$29,042,446	104.15%
2029	\$26,236,404	\$31,806,035	121.23%
2030	\$24,580,882	\$34,544,092	140.53%
2031	\$22,961,822	\$37,193,910	161.98%
2032	\$21,363,053	\$39,693,479	185.80%
2033	\$19,789,957	\$41,945,205	211.95%
2034	\$18,254,782	\$43,905,649	240.52%
2035	\$16,766,378	\$45,517,608	271.48%
2036	\$15,319,879	\$46,863,661	305.90%
2037	\$13,922,589	\$48,419,772	347.78%
2038	\$12,584,912	\$50,387,838	400.38%
2039	\$11,316,566	\$52,624,699	465.02%
2040	\$10,116,502	\$54,737,193	541.07%
2041	\$8,988,518	\$56,351,923	626.93%
2042	\$7,934,380	\$57,411,038	723.57%
2043	\$6,963,432	\$57,851,393	830.79%
2044	\$6,071,754	\$57,668,358	949.78%
2045	\$5,260,112	\$56,886,647	1081.47%
2046	\$4,527,453	\$55,541,386	1226.77%
2047	\$3,871,394	\$53,644,859	1385.67%
2048	\$3,288,841	\$51,266,429	1558.80%
2049	\$2,775,935	\$48,481,712	1746.50%
2050	\$2,328,112	\$45,387,874	1949.56%
2051	\$1,940,374	\$42,085,229	2168.92%
2052	\$1,607,401	\$38,666,178	2405.51%
2053	\$1,323,747	\$35,198,020	2658.97%
2054	\$1,083,990	\$31,767,357	2930.60%
2055	\$882,883	\$28,449,296	3222.32%
2056	\$715,435	\$25,289,164	3534.80%
2057	\$576,976	\$22,320,277	3868.49%
2058	\$463,214	\$19,570,035	4224.84%
2059	\$370,281	\$17,064,896	4608.63%
2060	\$294,825	\$14,794,401	5018.03%
2061	\$233,872	\$12,762,569	5457.07%
2062	\$184,853	\$10,966,735	5932.68%
2063	\$145,595	\$9,386,560	6447.03%
2064	\$114,298	\$8,004,297	7003.01%
2065	\$89,463	\$6,801,931	7603.07%
2066	\$69,775	\$5,760,560	8255.91%
2067	\$54,251	\$4,861,032	8960.26%
2068	\$42,035	\$4,093,270	9737.77%
2069	\$32,468	\$3,441,735	10600.39%
2070+	\$135,320	\$19,495,024	14406.61%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%
Projected Future (2015 +)	\$510,090,252	\$618,757,200	121.3%
Total Lifetime Anticipated	\$802,087,105	\$632,903,638	78.9%

*Actuals for 2014 and prior

Exhibit 7

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014
60 % Rate Increase, Best Estimate & Pricing Interest Rate**

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,583,226	\$211,305	13.35%
2016	\$1,666,199	\$246,729	14.81%
2017	\$2,350,617	\$295,382	12.57%
2018	\$2,404,061	\$349,406	14.53%
2019	\$2,317,644	\$406,331	17.53%
2020	\$2,242,614	\$469,806	20.95%
2021	\$2,181,274	\$537,837	24.66%
2022	\$2,097,049	\$618,484	29.49%
2023	\$2,019,986	\$711,268	35.21%
2024	\$1,941,410	\$812,406	41.85%
2025	\$1,866,795	\$928,414	49.73%
2026	\$1,793,439	\$1,055,013	58.83%
2027	\$1,712,993	\$1,189,805	69.46%
2028	\$1,633,834	\$1,332,310	81.55%
2029	\$1,548,597	\$1,488,412	96.11%
2030	\$1,457,535	\$1,644,980	112.86%
2031	\$1,373,605	\$1,811,131	131.85%
2032	\$1,290,432	\$1,977,822	153.27%
2033	\$1,211,385	\$2,135,333	176.27%
2034	\$1,134,155	\$2,281,820	201.19%
2035	\$1,057,636	\$2,420,498	228.86%
2036	\$980,059	\$2,548,134	260.00%
2037	\$904,223	\$2,702,813	298.91%
2038	\$831,010	\$2,896,692	348.57%
2039	\$762,891	\$3,111,743	407.89%
2040	\$697,391	\$3,317,846	475.75%
2041	\$634,761	\$3,508,887	552.79%
2042	\$575,231	\$3,672,069	638.36%
2043	\$518,991	\$3,805,781	733.30%
2044	\$466,196	\$3,906,713	838.00%
2045	\$416,959	\$3,977,654	953.97%
2046	\$371,327	\$4,023,893	1083.65%
2047	\$329,306	\$4,034,361	1225.11%
2048	\$290,852	\$4,007,237	1377.76%
2049	\$255,879	\$3,937,659	1538.88%
2050	\$224,264	\$3,838,037	1711.39%
2051	\$195,850	\$3,715,137	1896.93%
2052	\$170,441	\$3,567,204	2092.93%
2053	\$147,836	\$3,400,753	2300.36%
2054	\$127,817	\$3,222,792	2521.41%
2055	\$110,164	\$3,036,402	2756.26%
2056	\$94,656	\$2,844,067	3004.63%
2057	\$81,079	\$2,644,331	3261.43%
2058	\$69,230	\$2,439,477	3523.73%
2059	\$58,927	\$2,235,938	3794.42%
2060	\$49,994	\$2,034,540	4069.57%
2061	\$42,275	\$1,837,868	4347.41%
2062	\$35,622	\$1,648,033	4626.45%
2063	\$29,914	\$1,464,473	4895.61%
2064	\$25,026	\$1,291,995	5162.61%
2065	\$20,863	\$1,131,084	5421.48%
2066	\$17,324	\$980,626	5660.51%
2067	\$14,331	\$844,022	5889.48%
2068	\$11,806	\$722,020	6115.70%
2069	\$9,686	\$614,756	6346.85%
2070+	\$47,855	\$3,637,265	7600.60%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Hisorical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$29,360,018	\$38,431,246	130.9%
Total Lifetime Anticipated	\$43,708,491	\$38,919,804	89.0%

*Actuals for 2014 and prior

Exhibit 8
58/85 Calculations
Allianz Life Insurance of North America
National

Following the format of Section 20(C)(2) of Model 641 (Long-Term Care Insurance Model Regulation), the "58/85" calculation is as follows (all dollar values in millions):

a)	The accumulated value of the initial earned premium is	292.00
	58% of this value:	169.36
b)	The accumulated value of prior premium rate schedule increases is	0.00
	85% of this value:	0.00
c)	The present value of future projected initial earned premiums is	368.50
	58% of this value:	213.73
d)	The present value of future projected earned premium from prior premium rate schedule increases is	0.00
	PV of future projected EP from 60% increase:	141.59
	Combined:	141.59
	85% of this value:	120.35
e)	The accumulated value of past incurred claims is	14.15
	The present value of future projected incurred claims is	720.75
	sum of these 2 values:	734.90
f)	The sum of a,b,c and d is	503.44
	This amount is less than e)	734.90

*Maximum justified rate increase is over 110%

Exhibit 9
National Impact on Premiums
Allianz Life Insurance of North America
Policy Form: 11-P-Q

Policy Form 114-Q																
Assumption	Original Pricing Assumption	Current Best Estimate Assumption														
Original Loss Ratio	65.50%	N/A														
Morbidity	<p>Claim Cost Development</p> <p>Morbidity – Claim costs were developed using Milliman, USA’s 2002 edition of their Long Term Care Guidelines (Guidelines). The Guidelines were developed from public sources as well as an internal database of \$1.8 billion of Long Term Care insurance claims. Milliman then created and validated the morbidity adjustment factors using their Long Term Care insurance claim data base. Allianz then made some additional adjustments to ensure consistency with several additional sources of claim costs, including the 1997 National Nursing Home Study, and two long term care reinsurers.</p>	<p>Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders.</p> <p>There is no morbidity load for anti-selection since this will be the first rate increase for these policies. The impact of underwriting has worn off and the claim projection does not include any future morbidity deterioration or improvements.</p>														
Mortality	Mortality - 1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+)	The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality without future improvements.														
Lapse	<p>Lapse rates vary by inflation protection option, duration, premium payment pattern, and individual policy versus policy with spousal discount rider. Lapse rates are based on our own insured experience. Ultimate lapse rates are consistent with our own insured experience as well as industry experience and judgement.</p> <p>Lapse assumptions for policies with the Paid Up at Age 65 rider will use lapse assumptions identical to those used with the Ten-Year Premium Payment Rider for years one through five. Lapse rates after year five will linearly grade to zero over the remaining years until the insured becomes age 65. For policies issued with simplified underwriting an additional 50 basis points is added to the base lapse assumptions until the insured becomes age 65. This is because persistency is expected to be worse until the insured reaches a retirement age of 65. After age 65, lapse assumptions are identical to base lapse assumptions.</p> <p>See table 10.1 on next page</p>	<p>The Company’s own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows:</p> <table><tr><td>1</td><td>7.00 %</td></tr><tr><td>2</td><td>3.40 %</td></tr><tr><td>3</td><td>2.20 %</td></tr><tr><td>4</td><td>1.50 %</td></tr><tr><td>5</td><td>1.00 %</td></tr><tr><td>6</td><td>0.90 %</td></tr><tr><td>7</td><td>0.75 % (for all durations 7 and above)</td></tr></table> <p>Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations that are not caused by deaths are estimated to be around 1.75% annually as all policyholders are on duration 7+.</p>	1	7.00 %	2	3.40 %	3	2.20 %	4	1.50 %	5	1.00 %	6	0.90 %	7	0.75 % (for all durations 7 and above)
1	7.00 %															
2	3.40 %															
3	2.20 %															
4	1.50 %															
5	1.00 %															
6	0.90 %															
7	0.75 % (for all durations 7 and above)															
Interest Rate	4.00%	4.00%														
Expense	<p>Acquisition - See table 10.2 on next page</p> <p>An additional 12.5% of first year premiums - for acquisition costs</p> <p>An additional 14% of first year premiums – for marketing expenses</p> <p>Maintenance: \$65 all years</p> <p>Claims Administration: 4% (for \$50 - \$99 daily benefit) and 6% (for \$100 - \$500 daily benefit) of base incurred claims, (excludes COLA portion of claims) (5% used for simplified underwriting)</p> <p>Percent of Premium: 2.5% of gross premium</p>	Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate.														

Table 9.1 - Lapse Rates

	INDIVIDUAL POLICY		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%

	WITH SPOUSAL DISCOUNT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%

	INDIVIDUAL POLICY WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%
6	1.80%	1.40%	1.00%
7	1.35%	1.05%	0.75%
8	0.90%	0.70%	0.50%
9	0.45%	0.35%	0.25%
10+	0.00%	0.00%	0.00%

	WITH SPOUSAL DISCOUNT RIDER AND WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%
6	1.60%	1.20%	0.80%
7	1.20%	0.90%	0.60%
8	0.80%	0.60%	0.40%
9	0.40%	0.30%	0.20%
10+	0.00%	0.00%	0.00%

Table 9.2 - Acquisition Expense

Age	Regular Underwriting	Simplified Underwriting
18-44	\$510	\$314
45-49	\$520	\$320
50-54	\$525	\$323
55-59	\$550	\$338
60-64	\$610	\$375
65-69	\$680	\$418
70-74	\$1,150	\$708
75-79	\$1,400	\$862
80-84	\$1,500	\$923
Avg Cost	\$650	\$400

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

For use with policy forms submitted on or after July 1, 1982

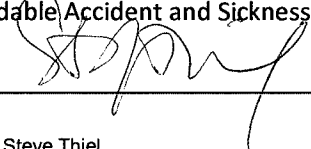
Name and Address of Insurer Allianz Life Insurance Company of North America
5701 Golden Hills Drive
Minneapolis, MN 55416-1297

Title of Form Policyholder Rate Increase Notification Letter

Policy Form Number S2280-VA

I hereby certify that the Flesch reading ease score of the above policy form is 51. It contains
153 sentences, 2,317 words and 3,844 syllables. The type size of the text of the policy forms is
Times New Roman 12/14 point type, 12/14 point leaded.

I also certify to the best of my knowledge and belief that the policy form is in compliance with
Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and
Readable Accident and Sickness Insurance Policies adopted pursuant thereto.



Steve Thiel

Signature of an Officer of the Insurer

Name (Print)

Vice President Actuary

Title

4/5/16

Date

Allianz Life Insurance Company of North America
Statement of Variability
3/17/2016

Variable material is denoted by the use of brackets. This Policyholder Letter will be mailed to communicate the effects of the rate increase as well as policyholder options.

GP2 Policyholder Notification Letter (S2280-VA)

Variable	Minimum	Maximum	Current	Effective	Comments
Font	N/A	N/A	Times New Roman	N/A	Font displayed on final forms may vary due to printer configurations. Font sizing and layout will not change. If we opt to use a different font that is not a state-recognized font, we will prepare and submit any required filings at the time of the change.
Date Owner First Name Owner Middle Name Owner Last Name Owner Address L1 Owner Address L2 Owner City Owner State Owner Zip Owner Zip Rest Policy Number	N/A	N/A	N/A - Policy Specific	N/A	Policy Specific
Overall Increase %	0%	999%	N/A - Policy Specific	N/A	Aggregate new rate increase for the policy. Note that this will only reflect rate increase percentages approved by the Virginia BOI.
Billed Premium	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Current modal premium for the policy
Bill Mode	N/A	N/A	N/A - Policy Specific	N/A	The current Bill Mode of the policy (e.g. Annually, Semi-annually, Quarterly, Monthly, etc).
anniversary1	3/17/2016	12/31/2100	N/A - Policy Specific	N/A	Policy anniversary when phase 1 of the rate increase will be effective
adj'd billing1	\$0.00	\$999,999.99	N/A - Policy Specific	N/A	Modal premium after phase 1 of the rate increase.
Call Center Phone Number	N/A	N/A	800.789.6896	N/A	Phone number for our customer service representatives, which may change
Call Center Open Times	N/A	N/A	8:00 a.m. to 5:00 p.m. CST	N/A	Opening times for our customer service representatives, which may change
Individual's name	N/A	N/A	Stephen Kennedy	N/A	Name may change
Individual's title	N/A	N/A	Senior Vice President of Operations	N/A	Title may change

cc: Agent First Name Agent Middle Name Agent Last Name	N/A	N/A	N/A - Policy Specific	N/A	If the policyholder does not have an active agent on record, then we will not print these fields. If the policyholder does have an active agent on record, then we will print these fields based on policy-specific data.
Partnership status	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have partnership status, then this line will not print. If the policy has partnership status, then the following line will print: (Additionally, please note that some benefit reduction options may result in a loss in Virginia state partnership status that, which may reduce policyholder protections.)
COLA Reduction Message	N/A	N/A	N/A - Policy Specific	N/A	If the policy does not have a COLA rider, this entire bullet will not be printed. If the policy does have a COLA rider, the following will be printed (note there is additional variation bracketed below) <ul style="list-style-type: none"> Until [COLA Vesting Date], you may cancel the [COLA Rider] while keeping the rider's accrued benefit increase percentages as of the time of cancellation. After the rider is cancelled, the applicable benefit amount(s) will no longer increase. [You also have the option to exchange the [COLA Rider] for [the 4% Lifetime Compound Benefit Increase Rider,] the 3% Lifetime Compound Benefit Increase Rider[, or the Simple Benefit Increase Rider].] Note that this offer is only available if we receive written notice requesting the change before [COLA Vesting Date]. [Also, [reducing or] cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.] <p>Note that policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider</p>
COLA Vesting Date	N/A	N/A	N/A - Policy Specific	N/A	The date until which the COLA vesting options under COLA Reduction Message are available to the policyholder. (Note: This will only print if COLA Reduction Message prints.)
COLA Rider	N/A	N/A	N/A - Policy Specific	N/A	The current COLA rider attached to the policy. Policyholders could have one of the following riders: 5% Lifetime Compound Benefit Increase Rider 4% Lifetime Compound Benefit Increase Rider 3% Lifetime Compound Benefit Increase Rider Simple Benefit Increase Rider Two Times Compound Benefit Increase Rider Two Times Compound Plus Rider (Note: This will only print if COLA Reduction Message prints.)

COLA Rider Exchange Message	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy has a 5% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 5% Lifetime Compound Benefit Increase Rider for the 4% Lifetime Compound Benefit Increase Rider, the 3% Lifetime Compound Benefit Increase Rider, or the Simple Benefit Increase Rider.</p> <p>If the policy has a 4% Lifetime Compound Benefit Increase Rider, we will print the following message: You also have the option to exchange the 4% Lifetime Compound Benefit Increase Rider for the 3% Lifetime Compound Benefit Increase Rider.</p> <p>If the policy does not have either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider, then this message will not print.</p>
COLA Partnership status	N/A	N/A	N/A - Policy Specific	N/A	<p>If the policy either does not have partnership status, or does not have a COLA rider, this message will not print.</p> <p>If the policy has partnership status, and either the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, reducing or cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p> <p>If the policy has partnership status, but has a COLA rider apart from the 5% Lifetime Compound Benefit Increase Rider or the 4% Lifetime Compound Benefit Increase Rider then we will print (note there is additional variation bracketed below) Also, cancelling the [COLA Rider] may result in a loss of your state partnership status, which may reduce policyholder protections.</p>
Latest Election Date	N/A	N/A	N/A - Policy Specific	N/A	<p>The date until which the options under the Premium Increase Contingent Upon Lapse Rider are available to the policyholder.</p>

Allianz Life Insurance Company
of North America
PO Box 59060
Minneapolis, MN 55459-0060
[800.789.6896]



Coverage Change Request Form

Policy number [Policy Number] _____

Please use this form to request a change in your long term care insurance coverage. Before you make any changes, we strongly encourage you to contact one of our customer service representatives at [800.789.6896], weekdays from [8:00 a.m. to 5:00 p.m. CST]. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for help with this form.

Please indicate your coverage change selection(s) by checking the options below.

This form must be signed and dated, where indicated, on the back page in order to be processed.

Remember that, if you have state partnership status, cancelling or reducing some optional riders may result in the loss of your state partnership status, which may reduce policyholder protections.

Option B: Lessen the impact of the rate increase on your premiums through benefit reduction(s) or rider cancellation(s). I understand if I request either the cancel or exchange options below for the Benefit Increase Rider, to keep the current rider's accrued benefit increase percentages as of the time of cancellation, this form must be received by Allianz on or before [Latest Election Date].

- ☐ Reduce my Daily (or Monthly) Benefit from \$_____ to \$_____
- ☐ Reduce my Benefit Period from _____ to _____
- ☐ Increase my Elimination Period from _____ days to _____ days
- ☐ Reduce the following benefit(s) for my policy:
- Benefit _____ from _____ reduced to _____
- Benefit _____ from _____ reduced to _____

- ☐ Cancel the following optional rider(s) or benefit(s) from my policy:
- _____
- _____

- ☐ Exchange the existing optional _____% Lifetime Compound Benefit Increase Rider currently on my policy for the lower Benefit Increase Rider selected below. Please note this option is only available if you currently have the 4% Lifetime Compound Benefit Increase Rider or the 5% Lifetime Compound Benefit Increase Rider.
- ☐ 4% Lifetime Compound Benefit Increase Rider
- ☐ 3% Lifetime Compound Benefit Increase Rider
- ☐ 5% Simple Benefit Increase Rider (this option is available only if you currently have the 5% Lifetime Compound Benefit Increase Rider)

Option C: Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider with a reduced Maximum Lifetime Benefit or Benefit Amount. I understand if I request this option, this form must be received by Allianz on or before [Latest Election Date].

☐ I wish to exercise the Premium Increase Contingent Benefit Upon Lapse Rider and request a Reduced Paid Up Benefit.

Please note: As this paid-up option starts on the effective date of the premium increase, you must continue coverage to that date by paying the required premiums. No additional premium will be due after that date.

Option D: Convert your contract to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy.

☐ I wish to exercise an available option under a Non-Forfeiture or Return of Premium Rider benefit on my policy. In doing so, my maximum lifetime benefit amount will be replaced with the amount specified in my rider.

I understand the policy change(s) I selected on this form. I agree that once processed, the policy benefit changes may not be reversed.

[Owner First Name] [Owner Middle Name] [Owner Last Name]

Policyowner name (printed)

[Co-Owner First Name] [Co-Owner Middle Name] [Co-Owner Last Name]

Joint owner name (printed – if applicable)

Signature of policyowner

Date Signed

Signature of joint owner (if applicable)

Date Signed

Please indicate your change selection, sign, date and return this form to:

Allianz Life Insurance Company of North America

ATTN: Policy Administration

PO Box 59060

Minneapolis, MN 55459-0060

Fax: 763.582.6002

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. As a result, we need to increase the premium rates on your long term care policy.

We want you to know that we took this decision very seriously and weighed several options before filing a [XX%] premium increase with the [Issue State] insurance department, where it has been reviewed and approved. Your premiums will be guaranteed not to increase for [4 years] after the effective date of this rate increase. We will continue to assess our experience and it is possible that we will file for additional rate increases after the [4] year period.

Your premium increase

Based on your current benefits, your premium will increase from [\$XXX.XX] [policy mode] to [\$XXX.XX] [policy mode]. The increase will be effective with your first bill or bank draft for premium due on or after your upcoming policy anniversary. Any recent changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options:

- A. **Maintain your current benefit amounts** by paying the increased premium.

If you wish to elect any of the other options (B through E), please complete the coverage change request form and return it to us.

- B. **Avoid the rate increase by** cancelling the [5% Compound Cost of Living Adjustment Rider]. If you choose to terminate this rider, the applicable benefit amount(s) will no longer increase. However, provided cancellation is received within [90 days] of this rate increase effective date all previous benefit increases under the rider will be vested and will remain at the levels as they exist at the time of termination. Please see attached Benefit Change Endorsement.
- C. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit periods. You may also consider reducing or terminating optional riders that you purchased with your policy. Such benefit reduction(s) or rider termination(s) may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements. The option to reduce or cancel benefit increase riders is only available before the Latest Election Date shown on the attached rider schedule.
- D. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of

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the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.

- E. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. Please note that there is a time limit on this election and we must receive your request prior to [Latest Election Date].. There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid.

If you wish to elect any of the other options (B through E), please complete the coverage change request form and return it to us.

One of the factors that help us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates for the inflation protection rider on long term care insurance policies, including yours. The possibility of a premium increase is disclosed on the first page of your policy.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST.

They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

Policy Administration Department

NOTE: This letter is not a bill. Please retain a copy of this letter with your policy for future reference.

Enclosed: Coverage change request form

Premium Increase Contingent Benefit Upon Lapse Rider

Premium Increase Contingent Benefit Upon Lapse Rider Schedule

Benefit Change Endorsement

Special Payment Considerations

cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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Guarantees are backed by the financial strength of Allianz Life Insurance Company of North America.

Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive,
Minneapolis, MN 55416-1297. 800.789.6896

MLTC-1019

(12/2014)

[Owner First Name] [Owner Middle Name] [Owner Last Name]
[Owner Address L1]
[Owner Address L2]
[Owner City], [Owner State] [Owner Zip] [Owner Zip Rest]

[Policy Number]

Important notice of increase in your long term care insurance premium with time-sensitive options

Dear policyholder,

At Allianz Life Insurance Company of North America, our highest priority is fulfilling our commitments to our policyholders. As a result, we need to increase the premium rates on our long term care policy.

We want you to know that we took this decision very seriously and weighed several options before filing a [XX%] premium increase with the [Issue State] insurance department, where it has been reviewed and approved. Your premiums will be guaranteed not to increase for [4 years] after the effective date of this rate increase. We will continue to assess our experience and it is possible that we will file for additional rate increases after the [4] year guarantee period.

Your premium increase

Based on your current benefits, your premium will increase from [\$XXX.XX] [policy mode] to [\$XXX.XX] [policy mode]. The increase will be effective with your first bill or bank draft for premium due on or after your upcoming policy anniversary. Any recent changes to your policy may not be reflected in the premium noted above.

Your options

We understand that this premium increase may significantly impact some of our policyholders. That's why we are offering the flexibility to choose among the following options. However, please be aware that some of the choices below may mean your policy would no longer meet the requirements of a Qualified Partnership policy that provides asset protection under your state's Medicaid program. Before making one of these choices, you should get more information for us as xxx-xxx-xxxx or your financial advisor.

- A. **Maintain your current benefit amounts** by paying the increased premium.

If you wish to elect any of the other options (B through E), please complete the coverage change request form and return it to us.

- B. **Lessen the impact of the rate increase on your premiums** by reducing benefit amounts and/or benefit. Such benefit reduction(s) may fully or partially offset the premium increase. **Please note:** benefit amounts must not be less than any minimum policy requirements.
- C. **Lessen the impact of the rate increase on your premiums** by reducing or terminating optional riders that you purchased with your policy. This may fully or partially offset the premium increase. By terminating the [5% Compound cost of Living Adjustment Rider] that is part of your policy, you would fully offset the premium increase. If you choose to terminate this rider, the applicable benefit amount(s) will no longer increase each year. However, provided cancellation is received within [90 days] of this rate increase effective date, all previous benefit increases under the rider will be vested and will remain at the levels as they exist at the time of termination. Please see the attached Benefit Change Endorsement setting forth this vesting offer.

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- D. **Elect options available through a Non-Forfeiture Rider or Return of Premium Rider that may be included with your policy** and have your contract converted to paid-up coverage with a reduced Maximum Lifetime Benefit or Benefit Amount. Premiums will no longer be required after the start of the paid-up coverage. Please refer to the specific rider attached to your policy for additional details regarding the rider terms.
- E. **Elect the paid-up option in the attached Premium Increase Contingent Benefit Upon Lapse Rider** with a reduced Maximum Lifetime Benefit or Benefit Amount. See the attached rider for details. Please note that there is a time limit on this election and we must receive your request prior to [Latest Election Date] There is no charge for this rider. However, because this paid-up option starts on your upcoming anniversary date, you must continue coverage to that policy anniversary date. This can only happen if all premiums associated with this period are paid. .
- If you wish to elect any of the other options (B through E), please complete the coverage change request form and return it to us

One of the factors that help us keep our commitments is the premium we collect from policyholders like you. When we issued your policy, we based your premium rates on the information and projections available to us at that time. But based on our actual experience, it's clear we will need to pay substantially more claims than anticipated.

Please be assured that our decision to increase premiums is based solely on the total future increased claims we now anticipate. We are not giving anyone preferential treatment, nor do the premium increases in any way reflect an individual policyholder's advance in age or deteriorated health status.

In an effort to balance our policyholders' needs with the long-term viability of our policies, we must increase the premium rates for the inflation protection rider on long term care insurance policies, including yours. The possibility of a premium increase is disclosed on the first page of your policy.

We're here to help

Before you make any changes, we strongly encourage you to speak with your licensed agent, or to contact one of our customer service representatives at 800.789.6896 weekdays from 7:00 a.m. to 5:00 p.m CST. They can provide you with details about your options, and help you determine how changes to your long term care insurance coverage will impact your benefits and premium payments. You can also contact us or your Allianz agent for assistance in completing the change request form. We value the trust you've placed in us, and we're here to help.

Sincerely,

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Premium Increase Contingent Benefit Upon Lapse Rider

Premium Increase Contingent Benefit Upon Lapse Rider Schedule

Benefit Change Endorsement

Special Payment Considerations

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cc: [Agent First Name] [Agent Middle Name] [Agent Last Name]

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Products are issued by Allianz Life Insurance Company of North America, 5701 Golden Hills Drive,
Minneapolis, MN 55416-1297. 800.789.6896

MLTC-1019

(12/2014)

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
Age															
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12				
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12				
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12				
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12				
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12				
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12				
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12				
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12				
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11				
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11				
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11				
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11				
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11				
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10				
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10				
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10				
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10				
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09				
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08				
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06				
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05				
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04				
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03				
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02				
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02				
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02				
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02				
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02				
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02				
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02				
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02				
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02				
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02				
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02				
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02				

	Spousal Shared Care (with no residual)	Spousal Shared Care (with 1 yr residual)
Benefit Period		
2 year	1.21	1.12
3 year	1.14	1.11
4 year	1.09	1.08
5 year	1.06	1.05
8 year	1.02	1.02
Lifetime	N / A	N / A
Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.		
HCC Monthly Benefit		1.06
Spousal Waiver of Premium		1.03
HCC Calendar Day EP		1.02
Waiver of HCC EP		1.12
Monthly Indemnity Benefit		
10%		1.04
25%		1.10
50%		1.23
100% (age < 60)		2.57
100% (age 60+)		2.23
Elimination Period Factors		
7 Day		1.30
30 Day		1.18
60 Day		1.08
90 Day		1.00
180 Day		0.90
365 Day		0.80
Risk Class Factors		
Preferred Plus		0.85
Preferred		1.00
Standard		1.20
Select I		1.50
Select IV		3.00
Discount Factors		
Married		0.90
Spousal		0.70
Facility Care Only Endorsement		0.90

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

Age	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12				
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12				
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12				
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12				
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12				
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12				
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12				
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12				
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11				
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11				
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11				
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11				
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11				
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10				
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10				
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10				
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10				
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09				
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08				
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06				
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05				
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04				
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03				
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02				
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02				
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02				
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02				
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02				
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02				
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02				
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02				
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02				
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02				
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02				
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02				

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$50 - \$99

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Generation Protector 2 (Proposed)

Rider Premium Rates and Premium Factors

Factors applied to base premium rates

Rate Increase	80%	70%	50%	50%	50%	0%	0%	0%	0%	0%	0%			
	5%	4%	3%	5%	Compound									
	Compound	Compound	Compound	Simple	COLA	10-pay	Paid-up	SBP	Return of	Return of	Spousal	Benefit	Restoration	
Age	COLA	COLA	COLA	COLA	w/ 2x Cap		at age 65		Upon Death	Upon Death	Survivorship	Period	of Benefits	
18-40	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08	
41	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05	
42	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04	
43	4.77	3.83	2.78	2.69	2.40	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04	
44	4.75	3.81	2.78	2.69	2.40	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04	
45	4.73	3.81	2.78	2.70	2.40	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A	
46	4.72	3.79	2.78	2.70	2.40	3.34	1.85	1.21	1.37	1.58	1.12			
47	4.70	3.77	2.78	2.70	2.40	3.25	1.88	1.21	1.39	1.60	1.12			
48	4.66	3.76	2.78	2.69	2.40	3.18	1.95	1.21	1.41	1.62	1.12			
49	4.63	3.74	2.78	2.69	2.40	3.10	2.03	1.22	1.43	1.65	1.12			
50	4.61	3.74	2.76	2.67	2.40	3.03	2.10	1.22	1.45	1.67	1.12			
51	4.57	3.72	2.76	2.67	2.40	2.95	2.18	1.22	1.47	1.70	1.12	Benefit Period	Spousal Shared Care (with no residual)	Spousal Shared Care (with 1 yr residual)
52	4.54	3.71	2.76	2.66	2.40	2.88	2.25	1.22	1.49	1.72	1.12	2 year	1.21	1.12
53	4.43	3.64	2.72	2.64	2.40	2.81	2.39	1.23	1.52	1.76	1.12	3 year	1.14	1.11
54	4.32	3.55	2.67	2.63	2.40	2.74	2.52	1.23	1.56	1.80	1.12	4 year	1.09	1.08
55	4.19	3.49	2.64	2.61	2.40	2.66	-	1.23	1.59	1.84	1.12	5 year	1.06	1.05
56	4.09	3.40	2.60	2.60	2.40	2.59	-	1.23	1.62	1.89	1.11	8 year	1.02	1.02
57	3.98	3.33	2.55	2.58	2.40	2.52	-	1.24	1.66	1.93	1.11	Lifetime	N / A	N / A
58	3.92	3.30	2.52	2.57	2.40	2.45	-	1.24	1.69	1.97	1.11			
59	3.87	3.25	2.49	2.55	2.39	2.37	-	1.24	1.73	2.01	1.11	Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.		
60	3.83	3.21	2.46	2.55	2.39	2.30	-	1.24	1.76	2.05	1.11			
61	3.78	3.16	2.43	2.54	2.37	2.22	-	1.25	1.79	2.10	1.11	HCC Monthly Benefit		1.06
62	3.73	3.13	2.40	2.52	2.37	2.15	-	1.25	1.83	2.14	1.11	Spousal Waiver of Premium		1.03
63	3.65	3.08	2.37	2.49	2.36	2.08	-	1.25	1.90	2.23	1.11	HCC Calendar Day EP		1.02
64	3.58	3.03	2.34	2.46	2.34	2.02	-	1.25	1.98	2.33	1.11	Waiver of HCC EP		1.12
65	3.49	2.96	2.31	2.45	2.34	1.95	-	1.26	2.06	2.43	1.11			
66	3.42	2.91	2.28	2.42	2.33	1.89	-	1.26	2.14	2.53	1.10	Monthly Indemnity Benefit		
67	3.35	2.86	2.25	2.39	2.31	1.82	-	1.26	2.23	2.64	1.10	10%		1.04
68	3.28	2.81	2.22	2.36	2.30	1.76	-	1.26	2.36	2.81	1.10	25%		1.10
69	3.20	2.75	2.19	2.33	2.28	1.71	-	1.27	2.50	3.00	1.10	50%		1.23
70	3.13	2.70	2.16	2.31	2.27	1.65	-	1.27	2.65	3.19	1.09	100% (age < 60)		2.57
71	3.06	2.65	2.13	2.28	2.25	1.60	-	1.27	2.80	3.40	1.08	100% (age 60+)		2.23
72	2.99	2.60	2.10	2.25	2.24	1.54	-	1.27	2.97	3.62	1.07			
73	2.93	2.57	2.09	2.22	2.22	1.48	-	1.28	3.54	4.54	1.06	Elimination Period Factors		
74	2.88	2.53	2.06	2.21	2.21	1.42	-	1.28	4.23	5.71	1.05	7 Day		1.30
75	2.83	2.48	2.04	2.18	2.18	1.37	-	1.28	5.06	7.21	1.04	30 Day		1.18
76	2.77	2.45	2.01	2.16	2.16	1.31	-	1.28	5.82	9.15	1.03	60 Day		1.08
77	2.72	2.41	2.00	2.13	2.15	1.25	-	1.29	6.07	11.66	1.02	90 Day		1.00
78	2.68	2.38	1.98	2.12	2.13	1.22	-	1.29	7.28	13.99	1.02	180 Day		0.90
79	2.63	2.35	1.95	2.10	2.12	1.19	-	1.29	8.74	16.79	1.02	365 Day		0.80
80	2.59	2.33	1.94	2.07	2.10	1.16	-	1.29	10.48	20.15	1.02			
81	2.54	2.30	1.91	2.06	2.09	1.13	-	1.30	10.48	20.15	1.02	Risk Class Factors		
82	2.50	2.26	1.89	2.04	2.07	1.10	-	1.30	10.48	20.15	1.02	Preferred Plus		0.85
83	2.47	2.23	1.88	2.03	2.04	1.09	-	1.30	10.48	20.15	1.02	Preferred		1.00
84	2.43	2.21	1.86	2.01	2.01	1.08	-	1.30	10.48	20.15	1.02	Standard		1.20
85	2.41	2.19	1.85	1.98	2.00	0	0	1.30	10.48	20.15	1.02	Select I		1.50
88	2.32	2.13	1.80	1.92	1.94	-	-	1.30	10.48	20.15	1.02	Select IV		3.00
89	2.30	2.09	1.77	1.89	1.92	-	-	1.30	10.48	20.15	1.02			
90	2.27	2.07	1.76	1.86	1.89	-	-	1.30	10.48	20.15	1.02	Discount Factors		
91	2.25	2.04	1.74	1.85	1.88	-	-	1.30	10.48	20.15	1.02	Married		0.90
92+	2.21	2.02	1.73	1.82	1.85	-	-	1.30	10.48	20.15	1.02	Spousal		0.70
												Facility Care Only Endorsement		0.90

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Elimination Period Factors

Preferred Rate Class

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
Age															
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12			Spousal Shared Care (with no residual)	Spousal Shared Care (with 1 yr residual)
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12	Benefit Period			
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12	2 year	1.21		
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12	3 year	1.14		
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12	4 year	1.09		
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12	5 year	1.06		
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12	8 year	1.02		
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12	Lifetime	N / A	N / A	
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11	Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.			
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11	HCC Monthly Benefit			1.06
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11	Spousal Waiver of Premium			1.03
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11	HCC Calendar Day EP			1.02
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11	Waiver of HCC EP			1.12
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10	Monthly Indemnity Benefit			
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10	10%			1.04
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10	25%			1.10
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10	50%			1.23
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09	100% (age < 60)			2.57
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08	100% (age 60+)			2.23
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06	Elimination Period Factors			
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05	7 Day			1.30
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04	30 Day			1.18
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03	60 Day			1.08
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02	90 Day			1.00
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02	180 Day			0.90
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02	365 Day			0.80
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02	Risk Class Factors			
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02	Preferred Plus			0.85
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02	Preferred			1.00
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02	Standard			1.20
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02	Select I			1.50
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02	Select IV			3.00
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02	Discount Factors			
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02	Married			0.90
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02	Spousal			0.70
												Facility Care Only Endorsement			0.90

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$50 - \$99

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
Age	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Proposed - NO CHANGE)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
Age															
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12				
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12				
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12				
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12				
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12				
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12				
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12				
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12				
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11				
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11				
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11				
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11				
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11				
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10				
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10				
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10				
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10				
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09				
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08				
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06				
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05				
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04				
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03				
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02				
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02				
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02				
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02				
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02				
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02				
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02				
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02				
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02				
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02				
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02				
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02				

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Rider Premium Rates and Premium Factors

Rate Increase

Rate Increase	50%	70%	80%	50%	50%	50%	50%	0%	0%	0%	0%	Full	0%
	Compound COLA	Compound COLA	Compound COLA	Simple COLA	Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits
Age													
18-40	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08
41	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05
42	4.79	3.84	2.78	2.69	2.40	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04
43	4.77	3.83	2.78	2.69	2.40	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04
44	4.75	3.81	2.78	2.69	2.40	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04
45	4.73	3.81	2.78	2.70	2.40	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A
46	4.72	3.79	2.78	2.70	2.40	3.34	1.85	1.21	1.37	1.58	1.12		
47	4.70	3.77	2.78	2.70	2.40	3.25	1.88	1.21	1.39	1.60	1.12		
48	4.66	3.76	2.78	2.69	2.40	3.18	1.95	1.21	1.41	1.62	1.12		
49	4.63	3.74	2.78	2.69	2.40	3.10	2.03	1.22	1.43	1.65	1.12		
50	4.61	3.74	2.76	2.67	2.40	3.03	2.10	1.22	1.45	1.67	1.12		
51	4.57	3.72	2.76	2.67	2.40	2.95	2.18	1.22	1.47	1.70	1.12		
52	4.54	3.71	2.76	2.66	2.40	2.88	2.25	1.22	1.49	1.72	1.12		
53	4.43	3.64	2.72	2.64	2.40	2.81	2.39	1.23	1.52	1.76	1.12		
54	4.32	3.55	2.67	2.63	2.40	2.74	2.52	1.23	1.56	1.80	1.12		
55	4.19	3.49	2.64	2.61	2.40	2.66	-	1.23	1.59	1.84	1.12		
56	4.09	3.40	2.60	2.60	2.40	2.59	-	1.23	1.62	1.89	1.11		
57	3.98	3.33	2.55	2.58	2.40	2.52	-	1.24	1.66	1.93	1.11		
58	3.92	3.30	2.52	2.57	2.40	2.45	-	1.24	1.69	1.97	1.11		
59	3.87	3.25	2.49	2.55	2.39	2.37	-	1.24	1.73	2.01	1.11		
60	3.83	3.21	2.46	2.55	2.39	2.30	-	1.24	1.76	2.05	1.11		
61	3.78	3.16	2.43	2.54	2.37	2.22	-	1.25	1.79	2.10	1.11		
62	3.73	3.13	2.40	2.52	2.37	2.15	-	1.25	1.83	2.14	1.11		
63	3.65	3.08	2.37	2.49	2.36	2.08	-	1.25	1.90	2.23	1.11		
64	3.58	3.03	2.34	2.46	2.34	2.02	-	1.25	1.98	2.33	1.11		
65	3.49	2.96	2.31	2.45	2.34	1.95	-	1.26	2.06	2.43	1.11		
66	3.42	2.91	2.28	2.42	2.33	1.89	-	1.26	2.14	2.53	1.10		
67	3.35	2.86	2.25	2.39	2.31	1.82	-	1.26	2.23	2.64	1.10		
68	3.28	2.81	2.22	2.36	2.30	1.76	-	1.26	2.36	2.81	1.10		
69	3.20	2.75	2.19	2.33	2.28	1.71	-	1.27	2.50	3.00	1.10		
70	3.13	2.70	2.16	2.31	2.27	1.65	-	1.27	2.65	3.19	1.09		
71	3.06	2.65	2.13	2.28	2.25	1.60	-	1.27	2.80	3.40	1.08		
72	2.99	2.60	2.10	2.25	2.24	1.54	-	1.27	2.97	3.62	1.07		
73	2.93	2.57	2.09	2.22	2.22	1.48	-	1.28	3.54	4.54	1.06		
74	2.88	2.53	2.06	2.21	2.21	1.42	-	1.28	4.23	5.71	1.05		
75	2.83	2.48	2.04	2.18	2.18	1.37	-	1.28	5.06	7.21	1.04		
76	2.77	2.45	2.01	2.16	2.16	1.31	-	1.28	5.82	9.15	1.03		
77	2.72	2.41	2.00	2.13	2.15	1.25	-	1.29	6.07	11.66	1.02		
78	2.68	2.38	1.98	2.12	2.13	1.22	-	1.29	7.28	13.99	1.02		
79	2.63	2.35	1.95	2.10	2.12	1.19	-	1.29	8.74	16.79	1.02		
80	2.59	2.33	1.94	2.07	2.10	1.16	-	1.29	10.48	20.15	1.02		
81	2.54	2.30	1.91	2.06	2.09	1.13	-	1.30	10.48	20.15	1.02		
82	2.50	2.26	1.89	2.04	2.07	1.10	-	1.30	10.48	20.15	1.02		
83	2.47	2.23	1.88	2.03	2.04	1.09	-	1.30	10.48	20.15	1.02		
84	2.43	2.21	1.86	2.01	2.01	1.08	-	1.30	10.48	20.15	1.02		
85	2.41	2.19	1.85	1.98	2.00	0	0	1.30	10.48	20.15	1.02		
88	2.32	2.13	1.80	1.92	1.94	-	-	1.30	10.48	20.15	1.02		
89	2.30	2.09	1.77	1.89	1.92	-	-	1.30	10.48	20.15	1.02		
90	2.27	2.07	1.76	1.86	1.89	-	-	1.30	10.48	20.15	1.02		
91	2.25	2.04	1.74	1.85	1.88	-	-	1.30	10.48	20.15	1.02		
92+	2.21	2.02	1.73	1.82	1.85	-	-	1.30	10.48	20.15	1.02		

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Proposed - NO CHANGE)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$50 - \$99**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Current)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Factors applied to base premium rates

	5% Compound COLA	4% Compound COLA	3% Compound COLA	5% Simple COLA	5% Compound COLA w/ 2x Cap	10-pay	Paid-up at age 65	SBP	Return of Premium Upon Death	Full Return of Premium Upon Death	Spousal Survivorship	Benefit Period	Restoration of Benefits		
Age															
18-40	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	2 year	1.08		
41	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	3 year	1.05		
42	2.66	2.26	1.85	1.79	1.60	3.72	1.75	1.20	1.30	1.49	1.12	4 year	1.04		
43	2.65	2.25	1.85	1.79	1.60	3.63	1.78	1.20	1.32	1.51	1.12	5 year	1.04		
44	2.64	2.24	1.85	1.79	1.60	3.53	1.80	1.20	1.34	1.53	1.12	8 year	1.04		
45	2.63	2.24	1.85	1.80	1.60	3.44	1.83	1.21	1.35	1.56	1.12	Lifetime	N / A		
46	2.62	2.23	1.85	1.80	1.60	3.34	1.85	1.21	1.37	1.58	1.12				
47	2.61	2.22	1.85	1.80	1.60	3.25	1.88	1.21	1.39	1.60	1.12				
48	2.59	2.21	1.85	1.79	1.60	3.18	1.95	1.21	1.41	1.62	1.12				
49	2.57	2.20	1.85	1.79	1.60	3.10	2.03	1.22	1.43	1.65	1.12				
50	2.56	2.20	1.84	1.78	1.60	3.03	2.10	1.22	1.45	1.67	1.12				
51	2.54	2.19	1.84	1.78	1.60	2.95	2.18	1.22	1.47	1.70	1.12				
52	2.52	2.18	1.84	1.77	1.60	2.88	2.25	1.22	1.49	1.72	1.12				
53	2.46	2.14	1.81	1.76	1.60	2.81	2.39	1.23	1.52	1.76	1.12				
54	2.40	2.09	1.78	1.75	1.60	2.74	2.52	1.23	1.56	1.80	1.12				
55	2.33	2.05	1.76	1.74	1.60	2.66		1.23	1.59	1.84	1.12				
56	2.27	2.00	1.73	1.73	1.60	2.59		1.23	1.62	1.89	1.11				
57	2.21	1.96	1.70	1.72	1.60	2.52		1.24	1.66	1.93	1.11				
58	2.18	1.94	1.68	1.71	1.60	2.45		1.24	1.69	1.97	1.11				
59	2.15	1.91	1.66	1.70	1.59	2.37		1.24	1.73	2.01	1.11				
60	2.13	1.89	1.64	1.70	1.59	2.30		1.24	1.76	2.05	1.11				
61	2.10	1.86	1.62	1.69	1.58	2.22		1.25	1.79	2.10	1.11				
62	2.07	1.84	1.60	1.68	1.58	2.15		1.25	1.83	2.14	1.11				
63	2.03	1.81	1.58	1.66	1.57	2.08		1.25	1.90	2.23	1.11				
64	1.99	1.78	1.56	1.64	1.56	2.02		1.25	1.98	2.33	1.11				
65	1.94	1.74	1.54	1.63	1.56	1.95		1.26	2.06	2.43	1.11				
66	1.90	1.71	1.52	1.61	1.55	1.89		1.26	2.14	2.53	1.10				
67	1.86	1.68	1.50	1.59	1.54	1.82		1.26	2.23	2.64	1.10				
68	1.82	1.65	1.48	1.57	1.53	1.76		1.26	2.36	2.81	1.10				
69	1.78	1.62	1.46	1.55	1.52	1.71		1.27	2.50	3.00	1.10				
70	1.74	1.59	1.44	1.54	1.51	1.65		1.27	2.65	3.19	1.09				
71	1.70	1.56	1.42	1.52	1.50	1.60		1.27	2.80	3.40	1.08				
72	1.66	1.53	1.40	1.50	1.49	1.54		1.27	2.97	3.62	1.07				
73	1.63	1.51	1.39	1.48	1.48	1.48		1.28	3.54	4.54	1.06				
74	1.60	1.49	1.37	1.47	1.47	1.42		1.28	4.23	5.71	1.05				
75	1.57	1.46	1.36	1.45	1.45	1.37		1.28	5.06	7.21	1.04				
76	1.54	1.44	1.34	1.44	1.44	1.31		1.28	5.82	9.15	1.03				
77	1.51	1.42	1.33	1.42	1.43	1.25		1.29	6.07	11.66	1.02				
78	1.49	1.40	1.32	1.41	1.42	1.22		1.29	7.28	13.99	1.02				
79	1.46	1.38	1.30	1.40	1.41	1.19		1.29	8.74	16.79	1.02				
80	1.44	1.37	1.29	1.38	1.40	1.16		1.29	10.48	20.15	1.02				
81	1.41	1.35	1.27	1.37	1.39	1.13		1.30	10.48	20.15	1.02				
82	1.39	1.33	1.26	1.36	1.38	1.10		1.30	10.48	20.15	1.02				
83	1.37	1.31	1.25	1.35	1.36	1.09		1.30	10.48	20.15	1.02				
84	1.35	1.30	1.24	1.34	1.34	1.08		1.30	10.48	20.15	1.02				
85	1.34	1.29	1.23	1.32	1.33			1.30	10.48	20.15	1.02				
88	1.29	1.25	1.20	1.28	1.29			1.30	10.48	20.15	1.02				
89	1.28	1.23	1.18	1.26	1.28			1.30	10.48	20.15	1.02				
90	1.26	1.22	1.17	1.24	1.26			1.30	10.48	20.15	1.02				
91	1.25	1.20	1.16	1.23	1.25			1.30	10.48	20.15	1.02				
92+	1.23	1.19	1.15	1.21	1.23			1.30	10.48	20.15	1.02				

	Spousal Shared Care (with no residual)	Spousal Shared Care (with 1 yr residual)
Benefit Period		
2 year	1.21	1.12
3 year	1.14	1.11
4 year	1.09	1.08
5 year	1.06	1.05
8 year	1.02	1.02
Lifetime	N / A	N / A
Restoration of Benefits and Shared Care are not available with Lifetime benefit period option.		
HCC Monthly Benefit		1.06
Spousal Waiver of Premium		1.03
HCC Calendar Day EP		1.02
Waiver of HCC EP		1.12
Monthly Indemnity Benefit		
10%		1.04
25%		1.10
50%		1.23
100% (age < 60)		2.57
100% (age 60+)		2.23
Elimination Period Factors		
7 Day		1.30
30 Day		1.18
60 Day		1.08
90 Day		1.00
180 Day		0.90
365 Day		0.80
Risk Class Factors		
Preferred Plus		0.85
Preferred		1.00
Standard		1.20
Select I		1.50
Select IV		3.00
Discount Factors		
Married		0.90
Spousal		0.70
Facility Care Only Endorsement		0.90

Generation Protector 2 (Current)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Current)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Current)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from \$50 - \$99

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	40	43	47	50	55	64	41	45	49	51	57	67	46	51	53	57	62	74
41	40	43	47	50	55	64	41	45	49	52	58	67	46	51	53	57	63	74
42	40	43	48	51	56	65	41	45	50	52	58	68	46	51	54	58	63	75
43	41	45	49	52	57	67	42	46	51	53	59	69	47	52	55	59	65	76
44	42	46	50	53	58	68	43	47	52	54	60	71	48	53	56	60	66	78
45	43	48	51	54	59	69	44	48	53	55	61	72	49	54	57	61	67	79
46	44	49	52	55	60	71	45	49	54	56	62	74	50	55	59	62	68	80
47	45	51	53	56	61	72	47	50	55	57	63	75	51	57	60	63	70	82
48	46	51	54	57	62	74	47	51	56	58	63	77	52	57	61	64	70	84
49	46	52	55	58	63	76	48	52	56	59	64	78	52	57	61	64	71	85
50	47	52	55	58	63	78	48	53	57	60	65	80	53	58	62	65	72	87
51	48	53	56	59	64	79	49	54	57	60	66	82	54	58	63	65	73	89
52	49	54	57	60	65	81	50	54	58	61	67	83	55	58	64	66	74	91
53	50	55	60	63	68	85	51	56	61	64	70	87	57	61	66	69	77	95
54	52	57	62	66	72	89	53	58	63	67	74	91	58	63	69	72	81	99
55	54	59	64	68	75	94	55	60	66	70	77	95	60	65	72	75	85	104
56	56	61	67	71	79	98	57	62	68	73	80	100	62	67	74	79	88	108
57	58	63	69	74	82	102	58	63	71	76	84	104	64	70	77	82	92	112
58	62	67	75	80	89	110	63	68	77	82	91	113	69	75	84	89	99	122
59	67	72	81	86	96	119	67	73	83	89	98	122	74	80	90	95	107	132
60	71	76	87	92	102	128	72	78	88	95	105	132	79	85	97	102	114	143
61	76	81	92	98	109	136	76	83	94	101	112	141	84	90	103	109	122	153
62	80	86	98	105	116	145	81	87	100	108	119	150	89	95	109	116	129	163
63	88	94	108	116	128	160	89	96	110	119	132	166	97	104	120	129	143	180
64	95	103	117	127	140	175	96	105	119	131	145	181	105	114	130	141	157	197
65	103	111	126	139	152	191	104	113	129	142	159	197	114	123	141	154	170	214
66	111	120	136	150	165	206	112	122	138	154	172	212	122	133	151	167	184	231
67	118	128	145	161	177	221	120	131	148	165	185	228	130	142	162	180	198	248
68	135	145	164	184	202	249	137	149	168	189	211	257	148	162	183	205	227	281
69	151	163	182	207	227	277	153	166	187	213	236	287	167	181	204	231	255	313
70	167	180	201	230	252	305	170	184	207	236	262	316	185	201	225	257	284	345
71	183	197	219	252	277	333	186	202	227	260	287	346	203	220	246	283	313	377
72	199	214	238	275	302	360	203	220	247	284	313	375	221	239	267	309	342	409
73	226	243	271	314	344	409	230	250	280	324	357	426	251	272	302	352	390	464
74	253	272	303	352	387	457	258	279	314	363	401	476	281	304	337	395	438	519
75	280	301	336	391	430	505	286	309	347	403	446	526	312	337	373	439	486	574
76	307	330	369	429	472	553	313	339	381	443	490	577	342	369	408	482	533	628
77	334	359	401	468	515	602	341	369	414	483	534	627	372	402	443	526	581	683
78	376	403	446	511	564	660	384	413	460	527	585	688	419	450	495	574	642	749
79	419	446	491	554	614	718	427	458	506	571	636	749	466	499	546	622	703	816
80	461	490	535	597	663	777	471	502	552	615	687	810	513	548	598	670	764	882
81	504	533	580	640	712	835	514	547	597	659	738	870	560	596	650	719	825	948
82	547	577	624	682	762	894	558	591	643	703	789	931	607	645	701	767	886	1,015
83	601	636	690	757	845	991	614	652	711	780	876	1,035	655	711	776	850	983	1,127
84	663	700	763	839	937	1,099	677	719	787	865	971	1,148	721	783	857	943	1,091	1,252

Generation Protector 2 (Proposed - NO CHANGE)

Base Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Daily Benefit range from **\$100 - \$500**

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	32	36	40	42	47	57	33	37	41	44	49	60	37	41	45	49	54	66
41	32	36	40	42	47	57	33	37	41	45	50	60	37	41	45	49	55	66
42	32	36	41	43	48	58	33	37	42	45	50	61	37	42	46	50	55	67
43	33	37	42	44	49	60	34	38	43	45	51	62	38	43	47	50	56	68
44	34	38	42	45	50	61	35	39	44	46	51	63	39	44	48	51	57	69
45	35	39	43	46	51	62	36	39	45	47	52	64	40	44	48	52	58	71
46	36	40	44	47	52	63	37	40	45	48	53	66	40	45	49	53	59	72
47	36	41	44	47	53	64	38	41	46	49	54	67	41	46	50	53	60	73
48	37	42	45	48	54	66	38	42	47	49	55	68	42	47	51	54	61	75
49	37	43	46	49	54	68	38	43	47	50	56	70	42	47	52	55	62	77
50	38	43	47	50	55	70	39	44	48	51	56	72	43	48	52	55	62	78
51	39	44	47	51	56	71	39	45	48	51	57	73	43	48	53	56	63	80
52	39	45	48	51	56	73	40	45	49	52	58	75	44	49	54	57	64	82
53	41	46	50	54	59	77	41	47	51	54	61	78	45	50	56	59	67	85
54	42	47	52	56	62	80	43	48	53	57	63	82	47	52	58	61	70	89
55	43	49	54	58	64	84	44	50	55	59	66	85	48	54	60	64	72	93
56	45	50	56	60	67	87	45	51	57	61	68	89	50	56	62	66	75	96
57	46	52	57	62	69	91	47	52	59	64	71	93	51	58	64	69	78	100
58	50	55	62	67	75	98	50	56	64	69	77	100	55	62	69	74	84	108
59	53	59	66	72	80	105	54	60	68	74	82	108	59	66	74	79	90	117
60	57	63	71	77	86	112	57	64	72	79	88	115	63	70	79	85	96	125
61	60	66	75	82	91	119	61	68	77	84	93	123	67	74	84	90	102	133
62	64	70	80	86	97	126	64	72	81	89	99	131	71	78	89	96	108	142
63	70	77	88	95	106	139	70	78	90	98	110	144	77	85	98	106	119	156
64	76	83	96	104	116	152	76	85	98	107	121	158	84	93	107	116	130	171
65	82	90	105	113	126	166	83	92	106	116	131	171	90	100	116	126	141	186
66	88	97	113	122	136	179	89	99	115	125	142	185	97	107	126	136	152	201
67	94	103	121	131	146	192	95	106	123	134	153	198	103	115	135	146	164	216
68	106	117	136	150	166	216	108	120	140	154	174	223	117	130	152	167	187	243
69	119	131	152	168	187	239	121	134	156	173	194	247	131	146	170	188	210	270
70	131	144	167	187	207	262	133	148	173	192	215	272	145	161	187	209	234	296
71	143	158	183	205	227	285	146	162	189	211	236	296	159	176	205	230	257	323
72	155	172	198	224	247	308	159	176	206	231	257	321	173	192	222	251	280	350
73	176	194	226	255	282	349	179	199	234	263	293	364	195	217	252	286	319	397
74	196	217	253	286	317	390	200	222	262	296	329	407	218	242	281	321	359	443
75	216	240	280	318	352	432	221	246	290	328	365	450	241	268	311	357	398	490
76	236	262	307	349	387	473	241	269	317	361	402	493	264	293	340	392	437	537
77	257	285	334	380	422	514	262	293	345	393	438	536	286	319	369	427	477	584
78	288	319	372	416	462	564	293	327	383	430	480	588	320	357	412	468	526	640
79	318	353	409	452	503	614	325	362	422	466	521	640	354	395	455	508	576	697
80	349	387	446	488	543	664	356	396	460	503	563	692	388	432	498	548	626	754
81	380	420	483	524	584	714	388	431	498	540	605	744	422	470	541	588	676	810
82	411	454	520	559	625	764	419	466	536	576	647	796	456	508	584	629	726	867
83	452	501	575	621	693	847	462	513	593	640	718	884	493	560	646	697	805	963
84	499	551	636	688	768	939	509	566	656	709	796	981	542	616	714	773	894	1,070

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Daily Benefit Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

Age	Facility Care Benefit and 70% Home and Community Care Benefit						Facility Care Benefit and 100% Home and Community Care Benefit						Facility Care Benefit and 130% Home and Community Care Benefit					
	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime	2 year	3 year	4 year	5 year	8 year	Lifetime
18-40	44	49	54	57	64	78	45	50	56	61	67	82	50	56	61	67	73	90
41	44	49	54	57	64	78	45	50	56	61	68	82	50	56	61	67	75	90
42	44	49	56	59	66	79	46	51	57	61	68	83	51	57	62	67	74	91
43	44	50	56	59	66	80	46	51	57	61	68	83	51	57	63	67	75	91
44	45	50	56	59	66	80	46	51	57	61	68	83	51	58	63	67	75	91
45	45	51	56	59	66	80	47	51	57	61	68	84	51	58	63	67	75	92
46	45	51	56	60	66	81	47	51	57	61	68	84	52	58	63	67	75	92
47	46	52	56	60	67	81	47	52	57	61	68	84	52	58	63	67	76	92
48	47	53	57	61	67	83	48	53	58	62	69	86	53	59	64	68	77	94
49	48	54	58	62	68	86	49	54	59	63	70	88	53	59	65	69	78	96
50	49	55	59	63	69	88	50	55	60	64	71	90	54	60	66	70	79	99
51	50	55	61	64	70	90	51	56	61	65	72	92	55	61	67	70	80	101
52	50	56	62	65	71	92	51	57	61	66	73	94	56	61	68	71	81	103
53	51	57	63	66	73	95	52	58	63	67	75	97	56	62	69	73	83	106
54	52	58	64	68	75	97	53	59	64	69	77	100	57	63	70	75	85	108
55	52	59	65	69	77	100	53	59	66	71	79	102	58	65	72	76	86	111
56	53	59	66	71	79	103	54	60	67	72	81	105	59	66	73	78	88	113
57	54	60	67	72	81	105	55	61	69	74	82	107	59	67	75	80	90	116
58	57	63	70	76	85	111	57	64	72	78	87	114	62	70	78	84	95	123
59	59	66	74	80	89	117	60	67	76	82	91	120	66	73	82	88	100	130
60	62	69	78	84	94	122	63	70	79	86	96	126	69	76	86	93	105	136
61	65	71	81	88	98	128	66	73	83	90	100	132	72	79	90	97	109	143
62	68	74	85	92	102	133	68	76	86	94	105	139	75	82	93	101	114	150
63	74	81	93	101	113	147	75	83	95	104	116	152	82	90	103	112	126	165
64	80	88	102	110	123	161	81	90	103	113	126	166	88	98	113	122	137	181
65	86	95	110	119	133	175	87	97	112	122	137	180	95	105	122	133	149	196
66	93	102	119	129	143	188	94	104	121	132	147	194	102	113	132	143	160	211
67	99	109	127	138	153	202	100	111	129	141	158	208	109	121	141	153	172	227
68	112	123	143	157	175	226	113	126	146	161	180	234	123	137	160	175	196	255
69	125	137	160	177	196	251	127	140	163	182	202	259	138	153	178	197	221	283
70	138	152	176	196	217	275	140	155	180	202	225	285	152	169	197	219	245	311
71	151	166	192	215	239	299	153	170	197	222	247	311	167	185	215	241	270	339
72	164	180	208	235	260	323	167	185	214	242	269	337	181	201	233	263	294	367
73	185	204	236	268	296	367	189	209	242	276	307	382	205	228	264	300	335	417
74	206	228	263	301	333	410	211	234	271	310	345	427	229	255	295	338	377	466
75	228	252	290	334	370	453	233	258	299	344	384	472	253	281	326	375	418	515
76	249	276	317	367	406	497	254	283	328	379	422	517	277	308	357	412	459	564
77	271	299	345	399	443	540	276	307	356	413	460	563	301	335	388	449	500	613
78	303	335	385	437	489	592	309	344	397	451	508	617	336	375	433	491	553	673
79	335	370	425	475	536	645	342	380	439	490	555	672	372	414	478	533	605	732
80	367	406	466	512	582	697	375	416	480	528	603	727	408	454	523	575	657	792
81	399	442	506	550	629	750	407	453	521	567	651	781	443	494	568	618	710	851
82	431	477	546	587	675	802	440	489	563	605	699	836	479	533	614	660	762	911
83	475	526	604	652	749	890	485	539	622	672	776	928	517	588	679	732	846	1,012
86	579	650	759	834	964	1209	592	667	783	862	1002	1267	643	737	864	950	1109	1400
87	607	685	804	889	1031	1321	621	704	830	921	1073	1385	680	782	921	1020	1194	1538
88	635	721	850	945	1098	1433	650	740	877	979	1144	1503	716	827	978	1089	1279	1676
89	662	756	895	1001	1165	1544	679	777	924	1038	1214	1621	753	871	1035	1159	1364	1815
90	690	791	941	1057	1232	1656	708	813	971	1097	1285	1739	790	916	1092	1228	1449	1953
91	718	827	986	1112	1299	1768	737	850	1018	1156	1356	1858	827	961	1149	1298	1534	2091
92+	745	862	1032	1168	1366	1879	766	886	1065	1214	1427	1976	863	1006	1206	1367	1619	2230

Generation Protector 2 (Proposed - NO CHANGE)

Coverage Enhancement Rider

Benefit Period Premium Rates

Preferred Rate Class, 90 Day Elimination Period

Rates are per \$10 Facility Care Daily Benefit

From: To: Age	Facility Care Benefit and 70% Home and Community Care Benefit				Facility Care Benefit and 100% Home and Community Care Benefit				Facility Care Benefit and 130% Home and Community Care Benefit			
	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year	2 year 3 year	3 year 4 year	4 year 5 year	5 year 8 year
18-40	17	18	18	22	17	19	20	22	19	20	22	25
41	17	18	18	22	17	19	20	23	19	20	22	25
42	17	18	18	22	17	19	19	23	19	20	22	25
43	16	18	18	22	17	19	18	22	19	20	21	24
44	16	18	17	21	16	18	18	21	19	19	20	24
45	16	17	16	20	15	18	17	21	18	18	19	23
46	16	16	16	20	15	17	17	20	17	18	18	23
47	16	15	15	19	15	16	16	19	17	17	17	23
48	16	15	15	19	15	16	16	20	17	18	17	23
49	16	16	16	19	15	16	16	20	17	18	17	23
50	16	16	16	19	15	16	17	20	17	18	17	23
51	16	17	16	19	15	16	17	21	17	19	17	23
52	16	17	16	19	15	16	17	21	17	19	17	23
53	16	17	16	19	15	16	16	21	17	19	17	23
54	15	16	15	19	15	16	16	20	17	18	17	23
55	15	16	15	19	15	16	16	20	16	18	16	23
56	14	15	15	19	14	16	15	19	16	17	16	22
57	14	15	14	19	14	16	15	19	16	17	15	21
58	13	15	14	18	13	16	14	18	15	17	15	21
59	12	15	13	17	13	16	14	18	14	17	15	20
60	12	15	13	17	12	15	14	17	13	16	14	20
61	11	15	12	16	12	15	13	17	13	16	14	19
62	11	15	13	16	12	15	13	17	12	16	14	19
63	11	16	13	17	12	16	14	17	13	18	14	20
64	12	18	14	18	13	18	15	19	14	20	15	21
65	13	20	15	20	14	20	16	20	15	22	16	23
66	14	22	16	21	15	22	17	22	16	24	18	24
67	15	24	17	22	16	24	18	23	17	27	19	26
68	17	26	21	25	18	27	22	26	19	30	23	29
69	18	29	25	28	20	30	26	30	22	33	28	33
70	20	32	29	31	22	32	30	33	24	36	32	36
71	22	34	33	33	24	35	34	36	26	39	37	40
72	24	37	37	36	26	38	38	39	29	42	41	43
73	28	41	43	41	29	43	45	44	33	47	49	49
74	31	46	50	47	33	48	52	50	37	53	56	55
75	35	50	57	52	37	53	59	56	41	58	64	61
76	38	55	64	57	40	58	66	61	45	64	72	67
77	42	60	71	62	44	63	74	67	49	69	79	73
78	47	66	70	73	49	70	73	78	54	76	79	85
79	51	73	69	84	54	77	72	89	60	84	78	97
80	56	79	69	95	59	84	71	100	66	91	77	109
81	61	86	68	105	65	90	70	112	71	98	76	121
84	80	116	86	143	85	123	89	152	105	134	97	166
85	89	128	98	157	94	135	103	167	115	148	112	185
86	98	140	111	170	103	147	117	182	125	162	127	204
87	107	152	123	184	112	159	130	196	134	177	142	223
88	116	164	136	198	121	172	144	211	144	191	158	242
89	125	175	148	212	130	184	158	226	154	205	173	261
90	134	187	160	226	139	196	172	240	164	220	188	280
91	143	199	173	240	148	208	186	255	174	234	203	298
92+	152	211	185	253	157	221	200	270	183	249	218	317

Generation Protector 2 (Proposed - NO CHANGE)**Coverage Enhancement Rider****Elimination Period Factors****Preferred Rate Class**

From: To: Age	30 days 7 days	60 days 30 days	90 days 60 days	180 days 90 days	365 days 180 days
18-40	1.50	1.49	1.47	1.51	1.53
41	1.50	1.49	1.47	1.51	1.53
42	1.50	1.49	1.47	1.51	1.53
43	1.48	1.46	1.45	1.49	1.51
44	1.45	1.44	1.43	1.47	1.49
45	1.43	1.42	1.40	1.44	1.46
46	1.41	1.40	1.38	1.42	1.44
47	1.39	1.38	1.36	1.40	1.42
48	1.39	1.38	1.36	1.40	1.42
49	1.39	1.38	1.36	1.40	1.42
50	1.39	1.38	1.36	1.40	1.42
51	1.39	1.38	1.36	1.40	1.42
52	1.39	1.38	1.36	1.40	1.42
53	1.37	1.35	1.34	1.38	1.40
54	1.34	1.33	1.32	1.36	1.37
55	1.32	1.31	1.30	1.33	1.35
56	1.30	1.29	1.27	1.31	1.33
57	1.28	1.27	1.25	1.29	1.31
58	1.26	1.25	1.23	1.27	1.28
59	1.23	1.22	1.21	1.24	1.26
60	1.21	1.20	1.19	1.22	1.24
61	1.19	1.18	1.17	1.20	1.22
62	1.17	1.16	1.14	1.18	1.19
63	1.17	1.16	1.14	1.18	1.19
64	1.16	1.15	1.14	1.17	1.19
65	1.16	1.15	1.14	1.17	1.19
66	1.16	1.15	1.14	1.17	1.18
67	1.16	1.15	1.13	1.17	1.18
68	1.16	1.15	1.13	1.17	1.18
69	1.16	1.15	1.13	1.17	1.18
70	1.16	1.15	1.13	1.17	1.18
71	1.16	1.15	1.13	1.17	1.18
72	1.16	1.15	1.13	1.17	1.18
73	1.16	1.15	1.13	1.17	1.18
74	1.16	1.15	1.13	1.17	1.18
75	1.16	1.15	1.13	1.17	1.18
76	1.16	1.15	1.13	1.17	1.18
77	1.16	1.15	1.13	1.17	1.18
78	1.16	1.15	1.13	1.17	1.18
79	1.16	1.15	1.13	1.17	1.18
80	1.16	1.15	1.13	1.17	1.18
81	1.16	1.15	1.13	1.17	1.18
82	1.16	1.15	1.13	1.17	1.18
83	1.16	1.15	1.13	1.17	1.18
86	1.16	1.15	1.13	1.17	1.18
87	1.16	1.15	1.13	1.17	1.18
88	1.16	1.15	1.13	1.17	1.18
89	1.16	1.15	1.13	1.17	1.18
90	1.16	1.15	1.13	1.17	1.18
91	1.16	1.15	1.13	1.17	1.18
92+	1.16	1.15	1.13	1.17	1.18

CERTIFICATION OF COMPLIANCE

VIRGINIA BUREAU OF INSURANCE

I, Steve Thiel, VP Actuarial,
Name Title

as a representative of Allianz Life Insurance Company of North America have reviewed the enclosed policy forms and certify that, to the best of my knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the code of Virginia and the regulations promulgated pursuant thereto.


Signature

10/13/15
Date

Allianz Life Insurance Company of North America

**Home Office:
5701 Golden Hills Drive
Minneapolis, MN 55416-1297**

Actuarial Memorandum Supporting 60% Aggregate Premium Rate Increase On Individual Long-Term Care Insurance Policy Forms

1. TYPE OF CHANGE

Allianz Life Insurance Company of North America (Company) proposes the following rate revisions for these riders (collectively referred to as COLA riders) attached to the following policy forms issued in Virginia.

Generation Protector II Policy Form Series: 11-P-Q-VA

11-R3 5% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 80% rate increase

11-R2 4% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 70% rate increase

11-R1 3% LIFETIME COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R4 TWO TIMES COMPOUND BENEFIT INCREASE RIDER – 50% rate increase

11-R5 SIMPLE BENEFIT INCREASE RIDER – 50% rate increase

Base Premium Rates – no rate change

The result of this rate increase on the above COLA riders, if approved, is similar to a 60% aggregate rate increase on the base policy form and associated rider nationally. The revised rates will be guaranteed not to increase for 4 years if the proposed rates are approved.

Our company expects to implement the rate change in 2016 or 2017 if this filing is approved.

2. PURPOSE OF FILING

This actuarial memorandum has been prepared for the purpose of demonstrating that a premium rate increase is justified under rate stabilization regulation based on the Long Term Care Model Regulation. Moderately adverse is defined as a 5% increase in the lifetime loss ratio of these policy forms from the current best estimates. The lifetime loss ratio projections (Exhibits 4-7) are based on current best estimates and do not include this additional 5% increase.

The “58/85” calculation of Section 20.C.(2) of the Long-Term Care Insurance Model Regulation applied to the historical experience and “moderately adverse” assumption produces a justified premium rate increase of 110% (see Exhibit 8). In consideration of our policyholders while balancing the financial viability of these policies, the Company prefers not to request a premium rate increase of this magnitude and is filing for an 60% aggregate rate increase instead. Regarding the schedule of additional rate increases, the Company does not plan to file for any future rate increases if the proposed rate request is approved and implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

3. LIMITATIONS AND EXCLUSIONS

This actuarial memorandum is intended to support a 60% aggregate premium rate increase described above on this plan of insurance and it is not appropriate to use for any other purposes.

4. HISTORY OF RATE REVISION

There has been no previous rate revision in Virginia. A history of rate revisions for all Allianz LTC products is included in the Exhibit 1.

5. SCOPE AND APPLICABILITY

This filing applies to active premium paying policies issued in this state for the policy forms listed above. These policy forms are no longer being marketed. The rate changes will only apply to applicable riders and there are no changes to the base premiums. Exhibit 2 provides a distribution of in-force policies and total annual premiums by issue state.

These rates when approved will be applied to all policies delivered or issued for delivery in the state of Virginia, regardless of place of current residence.

6. DESCRIPTION OF BENEFITS

These plans are Guaranteed Renewable, Tax Qualified and Non-Qualified, Individual Long Term Care Insurance plan. Plans covers facility care and home and community care where applicable. Premiums vary by issue age and are projected to be level for the duration of the policy, unless modified by the riders elected by the policyholder. Rider charges are factor based and are a multiplier of the base premium.

Several coverage options are available:

- ❖ Various Maximum Benefit Periods
- ❖ Various Daily Benefit Amounts
- ❖ Various Elimination Periods
- ❖ Facility Care Plan with various Home and Community Care Benefit levels
- ❖ Separate rates for different underwriting classes
- ❖ Separate rates for joint and single lives

7. POLICYHOLDER OPTIONS

Assuming that the proposed rate increase becomes effective, policyholders will have the following options upon notification of the rate increase:

Policyholder Options to Reduce Benefits:

Policyholders with benefits above the minimum coverage level have the option to modify their policy benefits to mitigate the impact of the proposed rate increase. As examples, the options include, but are not limited to the following:

1. Lower their lifetime maximum benefit,
2. Lower their daily benefit,
3. Increase their elimination period.
4. Reduce or cancel COLA riders.

To further minimize the impact to policyholders: As a part of this rate increase, policyholders who reduce or cancel their COLA benefit riders will maintain all of their past COLA benefit increase percentages. Future premiums and benefit increases will be based on the new coverage levels elected by the policyholder. If the policyholder reduces their daily benefit, then the past increase in daily benefit from COLA rider will be reduced by the same proportion.

Example of a COLA rider reduction:

Policyholder with a 5% compound inflation rider can minimize the size of the rate increase reducing to a 5% simple inflation protection rider. Unless policyholders reduce their daily benefit amounts, their current daily benefits will not change as the past COLA increases will be fully vested, and they will receive a 5% simple inflation protection going forward based on their current daily benefit amount. Policyholders who elect to reduce or cancel their COLA benefit riders will likely see an overall decrease in their premiums.

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$2,519
Annual Premium (80% rate increase, no COLA change)	\$4,535
Annual Premium (50% rate increase, change to 5% simple COLA)	\$2,941
Premium Reduction from COLA change	-\$1,594

57 Single Female, \$150 Original Daily Benefit, 100% HCC, Lifetime BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Annual Premium (5% Compound COLA)	\$3,448
Annual Premium (80% rate increase, no COLA change)	\$6,206
Annual Premium (50% rate increase, change to 5% simple COLA)	\$4,025
Premium Reduction from COLA change	-\$2,181

Example of a COLA Cancellation:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Daily Benefit after canceling COLA rider (cancelled within election window)	\$244

Example of Daily Benefit Reduction:

57 Single Female, \$150 Original Daily Benefit, 100% HCC, 5yr BP 5% compound COLA, Preferred UW, 10 th Policy Duration	
Original Daily Benefit	\$150
Current Daily Benefit = $150 * 1.05^{10}$	\$244
Reduced Daily benefit from 150 to 100 = $100 * 1.05^{10}$	\$163

Actuarial Equivalence of Vested COLA Benefits:

Exhibit 3 illustrates the future loss ratio for sample policyholders who cancel their 5% compound COLA, or reduce to a 5% simple COLA after the proposed rate increase. Assumptions used in this analysis are consistent with those within this rate filing.

Non-forfeiture Offers:

In addition, the Company will give the policyholder the option to accept a non-forfeiture benefit if they receive a premium increase at no charge. Acceptance of the non-forfeiture benefit will provide the policyholder with a reduced paid-up policy, with no future premiums required after the effective date of the policyholder's rate increase. Policyholders who elect this option will pay no additional premiums after the effective date of the rate increase, and their benefit pool will be their total premiums paid. In consideration of our policyholders, our company does not subtract past claims from the benefit pool prior to the election of this rider.

8. ISSUE YEAR

These forms were sold from 2006 to 2009 in Virginia, and marketed nationally from 2006 through 2009. These forms are no longer being issued in any state as Allianz stopped issuing all individual standalone long-term care insurance in 2010.

9. UNDERWRITING DESCRIPTION

All policies subject to this rate revision were subject to full underwriting in accordance with Company standards in place at the time of issue. Those underwriting standards were taken into consideration when projecting future experience. The underwriting selection factor wear off will be monitored and may be reflected in future projections.

10. MARKETING METHOD

Sales were conducted by individual agents, who sold primarily on an individual policy basis. The Company no longer sells long-term care insurance policies.

11. AREA FACTORS

The Company did not use area factors within the state.

12. AVERAGE ANNUAL PREMIUM PER INSURED

Virginia Generation Protector Policy Forms:

Current Average Annual Premium:	\$2,307	(742 Policies Inforce)
Proposed (60% increase):	\$3,691	

National Generation Protector Policy Forms:

Original Average Annual Premium:	\$2,180	(15,767 Policies Inforce)
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13. PREMIUM MODALIZATION RULES

The modal premium factors will remain unchanged from the current factors.

14. CLAIM RESERVE

At each valuation date, a claim reserve is computed for each active and pending claim case. For active claims, the claim reserve is calculated as the present value of future benefits from the valuation date to the end of the benefit period. Benefit amounts are discounted for interest and claim continuance. Claim reserve have been discounted and allocated to the appropriate incurred year.

15. BEST ESTIMATE ACTUARIAL ASSUMPTIONS

a. Morbidity:

Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and various level of home health care with adjustments for elimination periods and riders.

Claim costs are developed from first principle using company specific historical claim experience. Allianz incidence rates are typically credible up to age 75. The incidence rates for the older ages (75+) is developed based on actuarial judgment using our own experience along with data provided by our consultant in 2012 and the 2007 SOA LTC Intercompany Study. Allianz continuance rates were blended with industry data that was provided by our consultant in 2012 using limited fluctuation credibility. Generally, Allianz continuance rates are lower than industry experience.

Future claim costs are projected on a seriatim basis for each policyholder. These claim costs are adjusted according to each policy's benefit designs, such as COLA option, elimination periods and benefit periods. There is no morbidity load for anti-selection since this will be the first rate increase for these policies.

Underwriting, claim management and product design were taken into consideration when setting the assumptions. Allianz historical experience includes the positive impact of underwriting selection and these underwriting factors are expected to wear off in the

future. No scalar increases to the claim cost assumption are made within these projections to reflect the wear off from underwriting selection.

b. Mortality:

The projected future experience uses 80% of the gender-distinct 1994 GAM table that was derived by projected from 1994 to 2014 with a 1% improvement. This assumption is developed based on feedback from our consultants and is consistent with industry practice. The mortality assumption balances our morbidity assumption as neither is projected to have future improvements.

c. Persistency:

The Company's own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows:

1	7.00 %
2	3.40 %
3	2.20 %
4	1.50 %
5	1.00 %
6	0.90 %
7	0.75 % (for all durations 7 and above)

Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations not caused by deaths are estimated to be around 1.75% annually, all policyholders are on duration 7+.

Based on company experience, a 2% increase to lapse rate is assumed immediately after the implementation of the rate increase to account for the election of reduced paid up benefit.

d. Expected Benefit Reduction:

Based on company's experience in the previous rate increase, the cash flow projection for proposed rate increase includes a 3% cancellation in COLA benefits, 2% decrease in daily benefit, and 4% of policies with a reduction in benefit period. Past COLA benefit increases are modeled as 100% vested in the loss ratio projection.

e. Interest and Investment Income:

Interest rate of 4.0% used in the original product filing is also used in these exhibits to calculate the loss ratio. Changes in interest rates and investment income are not used to justify the rate increase.

f. Expenses:

Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate

g. Moderately Adverse Assumption:

Moderately adverse condition is defined as a 5% increase in the lifetime loss ratio above current best estimates. The loss ratio projections within Exhibit 3-7 are based on the best estimate assumptions and original pricing discount rates as specified above.

16. DEMONSTRATION OF SATISFACTION OF REQUIREMENTS

The projections included in this filing are produced by applying “best estimate” actuarial assumptions that reasonably reflect actual experience. The anticipated lifetime loss ratio for policies based on these assumptions is currently 101.3% and 121.0% for National and Virginia without the rate increase (Exhibit 4 & 5), 78.9% and 89.0% after the proposed rate increase (Exhibits 6 & 7). Loss ratios for Virginia policyholders are slightly higher than national policies mainly due to the difference in distribution of business mix.

The 60% rate increase is not calculated to achieve a targeted loss ratio or to maintain rate stability. Due to requesting a lower increase than is actuarially justified, the Company is considering filing at least one additional future rate increase as long as it is actuarially justified. The Company will continue to monitor the experience for this policy form and incorporate that experience in future rate reviews.

A detailed demonstration of the 58/85 calculations justifying the rate increase could be found in Exhibits 8. The justifiable rate increases under moderately adverse conditions are 110% on a national basis. Moderately adverse conditions for the 58/85 calculation are defined as a 10% increase in future claim cost over the current best estimate.

Actual to expected loss ratio is close to 100% (Exhibit 4).

17. ANALYSIS PERFORMED TO CONSIDER A RATE INCREASE

The initial premium schedules were based on pricing assumptions that reflected the Company’s best estimate utilizing the available information at the time. Actual experience for these policies has deviated from those original assumptions. A rate increase is necessary to help these products achieve the Company’s revised loss ratio target of 75%. The original pricing assumptions compared to our current assumptions are included in the Exhibit 10.

18. LOSS RATIOS

The analysis below breaks down the lifetime loss ratio by each assumption update to the original pricing assumption. To reflect Virginia rate increase history, rate increases implemented in other states are removed from projected future experience. For actuarial modeling purposes the rate increase of 60% is assumed to be effective July, 2016.

	National Experience Without Rate Increase			
	<u>Earned</u> <u>Premium</u>	<u>Incurred</u> <u>Claims</u>	<u>Loss</u> <u>ratio</u>	<u>Marginal Increase to LR</u>
Original Loss Ratio			66.0%	

Updated Morbidity	633,545,084	547,858,356	86.5%	31.0%
Updated Mortality & Morbidity	652,696,177	666,942,853	102.2%	23.8%
Updated Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	-1.3%
Best Estimate Assumption:	660,495,407	669,377,487	101.3%	53.6%
Updated Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
Updated Expense & Interest & Lapse & Mortality & Morbidity	660,495,407	669,377,487	101.3%	0.0%
National Experience After 60% Rate Increase				
	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss ratio</u>	<u>Marginal Increase to LR</u>
Best Estimate Assumption:	802,087,105	632,903,638	78.9%	19.5%

Based on historical experience combined with projected future experience.

Premiums and Claims cash flows are discounted at original pricing interest rate (4.0%).

Loss Ratio by COLA riders prior to the rate increase:

National	5% Compound	4% Compound	Other COLA	No COLA*	Grand Total
Proposed Rate Increase	80.0%	70.0%	50.0%	0.0%	60.0%
Lifetime LR No Rate Increase	130.7%	102.1%	83.4%	50.1%	101.3%
Lifetime LR After Increase	93.2%	75.4%	66.8%	53.1%	78.9%

*The lifetime loss ratio of No COLA increases after the rate increase due to the policyholders who cancel their COLA riders and vest their past COLA daily benefit increase. This increase also demonstrates that the actuarial equivalent of vesting COLA is larger than policyholders who have not elected COLA.

19. DISTRIBUTION OF BUSINESS

The historical experience reflects the actual distribution of policies during the experience period. We used the current distribution of business as of Dec 31, 2014 to project future experience.

Benefit period	National				
	5% Compound COLA	4% Compound COLA	Other COLA	No COLA	Grand Total
2-Year	0.7%	0.1%	0.9%	0.8%	2.4%
3-Year	9.2%	1.4%	9.3%	4.8%	24.7%
4-Year	6.0%	0.8%	4.2%	1.7%	12.8%
5-Year	15.8%	1.8%	10.5%	4.8%	32.9%
8-Year	7.0%	0.7%	3.3%	1.8%	12.8%
Lifetime	6.9%	0.7%	4.0%	2.8%	14.4%
Grand Total	45.6%	5.5%	32.3%	16.7%	100.0%

	Virginia				
Benefit period	5% Compound	4% Compound	Other COLA	No COLA	Grand Total
2-Year	1.6%	0.0%	0.1%	0.0%	1.8%
3-Year	10.6%	1.2%	3.9%	2.0%	17.8%
4-Year	3.8%	0.4%	4.2%	0.4%	8.8%
5-Year	27.4%	2.6%	5.7%	1.5%	37.1%
8-Year	7.4%	0.7%	3.2%	1.6%	12.9%
Lifetime	10.9%	1.8%	7.3%	1.8%	21.7%
Grand Total	61.7%	6.6%	24.4%	7.3%	100.0%
Proposed Rate Increase	80%	70%	50%	0%	60%
Policyholder Impacted	458	49	181	54	742

20. ACTUARIAL CERTIFICATION

I am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualifications standards for preparing health rate filings.

Claims, reserves, and policyholder data are provided by our third party administrator and our valuation actuaries. Data was reviewed for reasonableness.

I hereby certify that, to the best of my knowledge and belief:

- It complies with Actuarial Standards of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans";
- The premiums charged after the proposed rate increase is not unfairly discriminatory and the premiums after the proposed rate increase are not excessive. The proposed premium rate increase is not sufficient to prevent future rate actions by the company and benefits currently are not reasonable in relation to the premiums charged.
- Moderately adverse condition is defined as a 5% increase in the lifetime loss ratio for above the best estimates provided in the loss ratio Exhibits 4-7.
- I certify that no further rate schedule increases are anticipated if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized.

A handwritten signature in black ink, appearing to read 'Ouling Lu', is positioned above the contact information.

Ouling Lu, ASA MAAA
Assistant Actuary
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August 17, 2015

Exhibit 1
National Rate Increases
Allianz Life Insurance of North America

2009 Rate Increase		
State	Min Increase	Max Increase
AK	0%	25%
AL	15%	25%
AR	18%	25%
CO, NH, WA, WY	20%	25%
IA	15%	25%
ME, NC	22%	25%
MS, MT, SD, TN, WV, IN, HI, NE	23%	25%
NJ	8%	25%
NV	10%	25%
PA	21%	25%
TX	16%	25%
VA	8%	25%
WI	18%	25%
ID, IL, KY, MI, MO, NM	25%	25%
DE	11%	20%
LA	16%	20%
OH	20%	20%
SC	16%	20%
AZ, KS	15%	15%
MD	6%	15%
ND	12%	15%
GA, OK	10%	10%
OR	7%	10%
CA, CT, DC, FL, MA, MN, RI, UT, VT, NY	0%	0%

2012 Rate Increase		
State	Min Increase	Max Increase
IL	25%	100%
AZ	25%	75%
TX	17%	75%
AK, CO, MI, MS, MO, NH, NC, OK, OR, SD, TN, WA, WV, WY	25%	25%
AL	20%	25%
HI	3% *	25%
KY	3% *	25%
ME	24%	25%
MT, WI	10%	25%
NJ	15%	25%
OH	20%	25%
NE	10%	20%
PA, SC	20%	20%
DE, GA, MD, ND	15%	15%
IA	8%	15%
VA	14%	100% Pending
ID, KS, NY	10%	10%
FL	7%	7%
CT, NM	0%	0%
CA	Filed, Pending	Filed, Pending
MN	Filed, Pending	Filed, Pending
DC, IN, LA, MA, NV, RI, UT, AR, VT		Filed, Pending

Exhibit 2
National
Policy From Series: 11-P-Q
As of 12/31/2014
Count of Inforce Lives Insured

State	Lives	Premium	
AK	38	\$	98,581
AL	404	\$	747,812
AR	128	\$	252,529
AZ	417	\$	884,802
CO	609	\$	1,397,854
CT	141	\$	444,009
DC	29	\$	73,097
DE	36	\$	91,142
FL	583	\$	1,470,734
GA	687	\$	1,443,410
HI	26	\$	62,862
IA	452	\$	939,335
ID	143	\$	280,199
IL	848	\$	1,933,974
IN	49	\$	108,726
KS	413	\$	788,669
KY	184	\$	381,622
LA	211	\$	382,662
MA	50	\$	174,597
MD	351	\$	816,554
ME	78	\$	266,783
MI	467	\$	1,030,156
MN	1,689	\$	3,547,592
MO	721	\$	1,378,810
MS	114	\$	194,282
MT	134	\$	293,920
NC	399	\$	843,438
ND	141	\$	280,405
NE	431	\$	978,211
NH	88	\$	275,838
NJ	334	\$	890,139
NM	129	\$	267,271
NV	100	\$	213,178
OH	486	\$	1,035,315
OK	261	\$	529,765
OR	304	\$	586,066
PA	608	\$	1,479,816
RI	79	\$	172,757
SC	249	\$	482,932
SD	200	\$	409,073
TN	406	\$	787,295
TX	970	\$	1,914,224
UT	55	\$	101,613
VA	742	\$	1,712,139
VT	32	\$	75,004
WA	282	\$	682,098
WI	365	\$	920,464
WV	28	\$	57,534
WY	76	\$	187,286
Grand Total	15,767	\$	34,366,573

Exhibit 3

Table 1

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
5% Compound Switch to 5% Simple COLA
Past COLA Increases 100% Vested
Rate Increase Reduced From 80% to 50%
10th Policy Duration

Attained Age	Year	Expected Claim Cost (5% Compound)			Expected Claim Cost (5% Simple)		
		Daily Benefit	Earned Prem		Daily Benefit	Earned Prem	
67	2015	244.33	4,534.92	359.58	244.33	2,941.20	342.06
68	2016	256.55	4,417.19	427.48	251.83	2,864.84	399.17
69	2017	269.38	4,299.05	518.10	259.33	2,788.22	474.48
70	2018	282.85	4,180.87	621.59	266.83	2,711.58	557.83
71	2019	296.99	4,062.59	865.47	274.33	2,634.86	760.49
72	2020	311.84	3,943.75	1,108.63	281.83	2,557.78	953.13
73	2021	327.43	3,823.56	1,303.86	289.33	2,479.84	1,096.01
74	2022	343.80	3,701.52	1,643.62	296.83	2,400.69	1,349.92
75	2023	360.99	3,577.45	1,814.61	304.33	2,320.22	1,455.26
76	2024	379.04	3,451.05	2,048.93	311.83	2,238.24	1,603.49
77	2025	397.99	3,321.97	2,287.90	319.33	2,154.52	1,746.26
78	2026	417.89	3,189.77	2,702.92	326.83	2,068.78	2,010.93
79	2027	438.79	3,054.40	3,455.11	334.33	1,980.98	2,504.32
80	2028	460.73	2,916.05	4,148.74	341.83	1,891.26	2,928.13
81	2029	483.76	2,774.73	5,100.62	349.33	1,799.60	3,503.75
82	2030	507.95	2,630.31	6,240.17	356.83	1,705.93	4,170.06
83	2031	533.35	2,482.66	7,015.19	364.33	1,610.17	4,558.58
84	2032	560.02	2,332.17	7,408.19	371.83	1,512.57	4,679.10
85	2033	588.02	2,179.58	8,417.90	379.33	1,413.60	5,110.11
86	2034	617.42	2,025.39	9,503.66	386.83	1,313.60	5,542.73
87	2035	648.29	1,869.99	10,650.21	394.33	1,212.82	5,965.33
88	2036	680.71	1,713.77	11,451.40	401.83	1,111.50	6,352.76
89	2037	714.74	1,557.40	12,198.12	409.33	1,010.08	6,583.46
90	2038	750.48	1,402.11	12,861.14	416.83	909.36	6,631.27
91	2039	788.00	1,249.44	13,410.85	424.33	810.35	6,544.23
92	2040	827.40	1,101.14	13,819.15	431.83	714.16	6,322.18
93	2041	868.77	958.99	14,060.51	439.33	621.97	5,973.59
94	2042	912.21	824.67	14,113.26	446.83	534.86	5,514.99
95	2043	957.82	699.61	13,962.30	454.33	453.74	4,970.01
		\$52,169.84		\$81,118.72	\$33,835.64		\$47,058.39
		Future LR		155.5%	Future LR		139.1%

Exhibit 3**Table 2**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Daily Benefit	Earned Prem	Expected Claim Cost (5% Compound)	Daily Benefit	Earned Prem	Expected Claim Cost (5% Simple)
75	2015	244.33	7,437.96	1,556.92	244.33	5,207.85	1,481.05
76	2016	256.55	7,175.17	1,757.96	251.83	5,023.85	1,641.55
77	2017	269.38	6,906.78	1,962.99	259.33	4,835.93	1,797.71
78	2018	282.85	6,631.92	2,319.08	266.83	4,643.48	2,081.17
79	2019	296.99	6,350.48	2,964.45	274.33	4,446.42	2,604.87
80	2020	311.84	6,062.83	3,559.58	281.83	4,245.03	3,060.30
81	2021	327.43	5,769.00	4,376.28	289.33	4,039.29	3,678.64
82	2022	343.80	5,468.74	5,354.00	296.83	3,829.06	4,397.30
83	2023	360.99	5,161.76	6,018.96	304.33	3,614.12	4,827.00
84	2024	379.04	4,848.87	6,356.15	311.83	3,395.04	4,974.31
85	2025	397.99	4,531.61	7,222.46	319.33	3,172.90	5,453.18
86	2026	417.89	4,211.03	8,154.03	326.83	2,948.45	5,936.39
87	2027	438.79	3,887.95	9,137.77	334.33	2,722.23	6,411.31
88	2028	460.73	3,563.14	9,825.18	341.83	2,494.81	6,850.58
89	2029	483.76	3,238.03	10,465.85	349.33	2,267.18	7,122.18
90	2030	507.95	2,915.17	11,034.71	356.83	2,041.12	7,196.07
91	2031	533.35	2,597.75	11,506.36	364.33	1,818.87	7,122.73
92	2032	560.02	2,289.40	11,856.68	371.83	1,602.97	6,900.73
93	2033	588.02	1,993.86	12,063.76	379.33	1,396.04	6,538.21
94	2034	617.42	1,714.60	12,109.02	386.83	1,200.51	6,052.29
95	2035	648.29	1,454.57	11,979.50	394.33	1,018.45	5,468.17
		\$69,040.02		\$88,778.45	\$48,339.88		\$61,820.44
		Future LR		128.6%	Future LR		127.9%

Exhibit 3

Table 3

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (5% Simple)
67	2015	244.33	6,205.68	721.58	244.33	4,024.80	718.50
68	2016	256.55	6,016.57	853.28	251.83	3,902.15	834.01
69	2017	269.38	5,824.53	1,027.76	259.33	3,777.60	985.22
70	2018	282.85	5,629.30	1,224.12	266.83	3,650.98	1,149.89
71	2019	296.99	5,430.41	1,690.08	274.33	3,521.98	1,554.49
72	2020	311.84	5,227.28	2,144.11	281.83	3,390.24	1,929.53
73	2021	327.43	5,019.26	2,494.28	289.33	3,255.32	2,194.65
74	2022	343.80	4,806.25	3,105.94	296.83	3,117.18	2,670.17
75	2023	360.99	4,588.55	3,382.38	304.33	2,975.99	2,839.33
76	2024	379.04	4,366.17	3,761.05	311.83	2,831.75	3,080.96
77	2025	397.99	4,138.93	4,128.24	319.33	2,684.37	3,298.19
78	2026	417.89	3,906.59	4,784.50	326.83	2,533.69	3,725.97
79	2027	438.79	3,669.78	5,986.98	334.33	2,380.10	4,542.29
80	2028	460.73	3,429.67	7,020.60	341.83	2,224.37	5,186.64
81	2029	483.76	3,187.05	8,406.70	349.33	2,067.01	6,044.69
82	2030	507.95	2,942.53	9,986.23	356.83	1,908.43	6,985.31
83	2031	533.35	2,696.70	10,860.51	364.33	1,748.99	7,387.18
84	2032	560.02	2,450.65	11,048.23	371.83	1,589.41	7,304.35
85	2033	588.02	2,206.29	11,908.98	379.33	1,430.93	7,649.74
86	2034	617.42	1,966.06	12,695.42	386.83	1,275.12	7,920.14
87	2035	648.29	1,732.69	13,374.19	394.33	1,123.77	8,100.35
88	2036	680.71	1,509.02	13,887.43	401.83	978.70	8,163.02
89	2037	714.74	1,297.66	13,978.60	409.33	841.62	7,971.40
90	2038	750.48	1,100.87	13,622.39	416.83	713.99	7,533.91
91	2039	788.00	920.48	13,866.27	424.33	596.99	7,435.02
92	2040	827.40	811.22	13,821.29	431.83	526.13	7,182.75
93	2041	868.77	706.50	13,478.10	439.33	458.21	6,786.71
94	2042	912.21	607.54	12,846.23	446.83	394.03	6,265.69
95	2043	957.82	515.41	11,954.96	454.33	334.28	5,646.52
		\$64,410.07		\$107,097.06	\$41,774.25		\$70,546.71
		Future LR		166.3%	Future LR		168.9%

Exhibit 3**Table 4**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to 5% Simple COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 50%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost (5% Compound)			Expected Claim Cost (5% Simple)		
		Daily Benefit	Earned Prem		Daily Benefit	Earned Prem	
75	2015	244.33	10,318.86	3,138.88	244.33	7,224.98	3,125.48
76	2016	256.55	9,954.28	3,544.19	251.83	6,969.71	3,464.18
77	2017	269.38	9,581.94	3,957.56	259.33	6,709.00	3,793.73
78	2018	282.85	9,200.62	4,675.45	266.83	6,442.01	4,391.92
79	2019	296.99	8,810.17	5,976.57	274.33	6,168.63	5,497.09
80	2020	311.84	8,411.12	7,176.41	281.83	5,889.23	6,458.20
81	2021	327.43	8,003.47	8,822.94	289.33	5,603.80	7,763.09
82	2022	343.80	7,586.92	10,794.11	296.83	5,312.15	9,279.69
83	2023	360.99	7,161.03	12,134.73	304.33	5,013.95	10,186.47
84	2024	379.04	6,726.95	12,814.53	311.83	4,710.02	10,497.36
85	2025	397.99	6,286.81	14,404.12	319.33	4,401.84	11,507.92
86	2026	417.89	5,842.06	16,086.69	326.83	4,090.45	12,527.64
87	2027	438.79	5,393.85	17,833.10	334.33	3,776.62	13,529.87
88	2028	460.73	4,943.23	19,568.70	341.83	3,461.11	14,456.87
89	2029	483.76	4,492.20	20,903.15	349.33	3,145.31	15,030.04
90	2030	507.95	4,044.28	21,709.92	356.83	2,831.69	15,185.97
91	2031	533.35	3,603.92	22,098.60	364.33	2,523.36	15,031.19
92	2032	560.02	3,176.14	22,026.90	371.83	2,223.84	14,562.71
93	2033	588.02	2,766.13	21,479.97	379.33	1,936.77	13,797.67
94	2034	617.42	2,378.70	20,472.97	386.83	1,665.50	12,772.22
95	2035	648.29	2,017.97	19,052.55	394.33	1,412.92	11,539.56
		\$95,780.87		\$170,898.82	\$67,063.07		\$130,460.51
		Future LR		178.4%	Future LR		194.5%

Exhibit 3

Table 5

Issue Age 57, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Daily Benefit	Earned Prem	Expected Claim Cost (5% Compound)	Daily Benefit	Earned Prem	Expected Claim Cost (No COLA)
67	2015	244.33	4,534.92	359.58	244.33	1,140.00	321.86
68	2016	256.55	4,417.19	427.48	244.33	1,110.41	364.41
69	2017	269.38	4,299.05	518.10	244.33	1,080.71	420.64
70	2018	282.85	4,180.87	621.59	244.33	1,051.00	480.63
71	2019	296.99	4,062.59	865.47	244.33	1,021.26	637.33
72	2020	311.84	3,943.75	1,108.63	244.33	991.39	777.52
73	2021	327.43	3,823.56	1,303.86	244.33	961.18	870.89
74	2022	343.80	3,701.52	1,643.62	244.33	930.50	1,045.55
75	2023	360.99	3,577.45	1,814.61	244.33	899.31	1,099.36
76	2024	379.04	3,451.05	2,048.93	244.33	867.53	1,182.21
77	2025	397.99	3,321.97	2,287.90	244.33	835.08	1,257.23
78	2026	417.89	3,189.77	2,702.92	244.33	801.85	1,414.56
79	2027	438.79	3,054.40	3,455.11	244.33	767.82	1,722.11
80	2028	460.73	2,916.05	4,148.74	244.33	733.04	1,969.36
81	2029	483.76	2,774.73	5,100.62	244.33	697.52	2,305.91
82	2030	507.95	2,630.31	6,240.17	244.33	661.21	2,686.75
83	2031	533.35	2,482.66	7,015.19	244.33	624.10	2,876.61
84	2032	560.02	2,332.17	7,408.19	244.33	586.27	2,893.11
85	2033	588.02	2,179.58	8,417.90	244.33	547.91	3,097.13
86	2034	617.42	2,025.39	9,503.66	244.33	509.15	3,294.20
87	2035	648.29	1,869.99	10,650.21	244.33	470.08	3,477.93
88	2036	680.71	1,713.77	11,451.40	244.33	430.81	3,634.68
89	2037	714.74	1,557.40	12,198.12	244.33	391.50	3,697.66
90	2038	750.48	1,402.11	12,861.14	244.33	352.47	3,657.50
91	2039	788.00	1,249.44	13,410.85	244.33	314.09	3,545.69
92	2040	827.40	1,101.14	13,819.15	244.33	276.81	3,365.89
93	2041	868.77	958.99	14,060.51	244.33	241.07	3,126.02
94	2042	912.21	824.67	14,113.26	244.33	207.31	2,837.59
95	2043	957.82	699.61	13,962.30	244.33	175.87	2,514.97
		\$52,169.84		\$81,118.72			\$13,114.59
		Future LR		155.5%			Future LR
							224.2%

Exhibit 3**Table 6**

Issue Age 65, 5 Year Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(No COLA)
75	2015	244.33	7,437.96	1,556.92	244.33	2,130.00	1,481.05
76	2016	256.55	7,175.17	1,757.96	244.33	2,054.74	1,592.66
77	2017	269.38	6,906.78	1,962.99	244.33	1,977.89	1,693.73
78	2018	282.85	6,631.92	2,319.08	244.33	1,899.17	1,905.68
79	2019	296.99	6,350.48	2,964.45	244.33	1,818.58	2,320.01
80	2020	311.84	6,062.83	3,559.58	244.33	1,736.21	2,653.11
81	2021	327.43	5,769.00	4,376.28	244.33	1,652.06	3,106.51
82	2022	343.80	5,468.74	5,354.00	244.33	1,566.08	3,619.57
83	2023	360.99	5,161.76	6,018.96	244.33	1,478.17	3,875.35
84	2024	379.04	4,848.87	6,356.15	244.33	1,388.56	3,897.57
85	2025	397.99	4,531.61	7,222.46	244.33	1,297.71	4,172.42
86	2026	417.89	4,211.03	8,154.03	244.33	1,205.91	4,437.92
87	2027	438.79	3,887.95	9,137.77	244.33	1,113.39	4,685.44
88	2028	460.73	3,563.14	9,825.18	244.33	1,020.37	4,896.61
89	2029	483.76	3,238.03	10,465.85	244.33	927.27	4,981.46
90	2030	507.95	2,915.17	11,034.71	244.33	834.81	4,927.35
91	2031	533.35	2,597.75	11,506.36	244.33	743.91	4,776.73
92	2032	560.02	2,289.40	11,856.68	244.33	655.61	4,534.51
93	2033	588.02	1,993.86	12,063.76	244.33	570.98	4,211.35
94	2034	617.42	1,714.60	12,109.02	244.33	491.01	3,822.78
95	2035	648.29	1,454.57	11,979.50	244.33	416.54	3,388.14
		\$69,040.02		\$88,778.45	\$19,770.91		\$46,837.89
		Future LR		128.6%	Future LR		236.9%

Exhibit 3**Table 7**

Issue Age 57, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim Cost		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	(No COLA)
67	2015	244.33	6,205.68	721.58	244.33	1,560.00	666.44
68	2016	256.55	6,016.57	853.28	244.33	1,512.46	750.54
69	2017	269.38	5,824.53	1,027.76	244.33	1,464.19	860.97
70	2018	282.85	5,629.30	1,224.12	244.33	1,415.11	976.63
71	2019	296.99	5,430.41	1,690.08	244.33	1,365.11	1,284.18
72	2020	311.84	5,227.28	2,144.11	244.33	1,314.05	1,551.58
73	2021	327.43	5,019.26	2,494.28	244.33	1,261.75	1,719.03
74	2022	343.80	4,806.25	3,105.94	244.33	1,208.21	2,038.65
75	2023	360.99	4,588.55	3,382.38	244.33	1,153.48	2,114.37
76	2024	379.04	4,366.17	3,761.05	244.33	1,097.58	2,239.13
77	2025	397.99	4,138.93	4,128.24	244.33	1,040.45	2,340.70
78	2026	417.89	3,906.59	4,784.50	244.33	982.05	2,583.62
79	2027	438.79	3,669.78	5,986.98	244.33	922.52	3,079.01
80	2028	460.73	3,429.67	7,020.60	244.33	862.16	3,438.65
81	2029	483.76	3,187.05	8,406.70	244.33	801.17	3,921.48
82	2030	507.95	2,942.53	9,986.23	244.33	739.70	4,436.46
83	2031	533.35	2,696.70	10,860.51	244.33	677.90	4,595.11
84	2032	560.02	2,450.65	11,048.23	244.33	616.05	4,451.94
85	2033	588.02	2,206.29	11,908.98	244.33	554.62	4,570.27
86	2034	617.42	1,966.06	12,695.42	244.33	494.23	4,640.07
87	2035	648.29	1,732.69	13,374.19	244.33	435.57	4,655.39
88	2036	680.71	1,509.02	13,887.43	244.33	379.34	4,603.85
89	2037	714.74	1,297.66	13,978.60	244.33	326.21	4,413.40
90	2038	750.48	1,100.87	13,622.39	244.33	276.74	4,096.13
91	2039	788.00	920.48	13,866.27	244.33	231.39	3,970.92
92	2040	827.40	811.22	13,821.29	244.33	203.93	3,769.56
93	2041	868.77	706.50	13,478.10	244.33	177.60	3,500.91
94	2042	912.21	607.54	12,846.23	244.33	152.73	3,177.89
95	2043	957.82	515.41	11,954.96	244.33	129.56	2,816.58
		\$64,410.07		\$107,097.06	\$16,191.57		\$44,770.04
		Future LR		166.3%	Future LR		276.5%

Exhibit 3**Table 8**

Issue Age 65, Lifetime Benefit Period, 150 Initial Daily Benefit
 5% Compound Switch to No COLA
 Past COLA Increases 100% Vested
 Rate Increase Reduced From 80% to 0%
 10th Policy Duration

Attained Age	Year	Expected Claim Cost			Expected Claim		
		Daily Benefit	Earned Prem	(5% Compound)	Daily Benefit	Earned Prem	Cost (No COLA)
75	2015	244.33	10,318.86	3,138.88	232.70	2,955.00	2,760.96
76	2016	256.55	9,954.28	3,544.19	232.70	2,850.60	2,969.02
77	2017	269.38	9,581.94	3,957.56	232.70	2,743.97	3,157.43
78	2018	282.85	9,200.62	4,675.45	232.70	2,634.77	3,552.56
79	2019	296.99	8,810.17	5,976.57	232.70	2,522.96	4,324.94
80	2020	311.84	8,411.12	7,176.41	232.70	2,408.68	4,945.90
81	2021	327.43	8,003.47	8,822.94	232.70	2,291.94	5,791.12
82	2022	343.80	7,586.92	10,794.11	232.70	2,172.66	6,747.56
83	2023	360.99	7,161.03	12,134.73	232.70	2,050.70	7,224.38
84	2024	379.04	6,726.95	12,814.53	232.70	1,926.39	7,265.81
85	2025	397.99	6,286.81	14,404.12	232.70	1,800.35	7,778.20
86	2026	417.89	5,842.06	16,086.69	232.70	1,672.99	8,273.12
87	2027	438.79	5,393.85	17,833.10	232.70	1,544.63	8,734.55
88	2028	460.73	4,943.23	19,568.70	232.70	1,415.59	9,128.23
89	2029	483.76	4,492.20	20,903.15	232.70	1,286.43	9,286.39
90	2030	507.95	4,044.28	21,709.92	232.70	1,158.16	9,185.52
91	2031	533.35	3,603.92	22,098.60	232.70	1,032.05	8,904.74
92	2032	560.02	3,176.14	22,026.90	232.70	909.55	8,453.19
93	2033	588.02	2,766.13	21,479.97	232.70	792.13	7,850.76
94	2034	617.42	2,378.70	20,472.97	232.70	681.19	7,126.39
95	2035	648.29	2,017.97	19,052.55	232.70	577.88	6,316.15
				\$95,780.87			\$27,428.66
				Future LR			Future LR
				178.4%			318.3%

Exhibit 4

**Allianz Life Insurance Company of North America
National
Policy Form Series : 11-P-Q
As of 12/31/2014
No Rate Increase, Best Estimate & Pricing Interest Rate**

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>	<u>Expected Earned Premium</u>	<u>Expected Incurred Claims</u>	<u>Expected Loss Ratio</u>	<u>Actual to Expected</u>
2006	\$1,720,870	\$0	0.0%	\$1,715,600	\$25,052	1.5%	0.0%
2007	\$11,618,948	\$226,659	2.0%	\$11,557,720	\$185,187	1.6%	121.7%
2008	\$25,153,341	\$130,729	0.5%	\$25,240,319	\$496,974	2.0%	26.4%
2009	\$34,229,481	\$635,798	1.9%	\$35,083,010	\$895,941	2.6%	72.7%
2010	\$37,743,853	\$688,811	1.8%	\$38,818,553	\$1,335,471	3.4%	53.0%
2011	\$36,614,035	\$1,564,630	4.3%	\$37,276,894	\$1,781,930	4.8%	89.4%
2012	\$35,819,346	\$3,303,696	9.2%	\$35,994,373	\$2,292,677	6.4%	144.8%
2013	\$35,211,460	\$3,499,104	9.9%	\$34,857,171	\$2,877,789	8.3%	120.4%
2014	\$34,506,297	\$2,856,344	8.3%	\$33,774,913	\$3,529,241	10.4%	79.2%
2015	\$34,064,276	\$5,401,682	15.86%				
2016	\$33,044,033	\$6,269,658	18.97%				
2017	\$31,356,707	\$7,305,973	23.30%				
2018	\$29,790,219	\$8,512,870	28.58%				
2019	\$28,371,874	\$9,875,627	34.81%				
2020	\$27,188,163	\$11,412,162	41.97%				
2021	\$26,236,136	\$13,132,743	50.06%				
2022	\$25,236,582	\$15,064,503	59.69%				
2023	\$24,231,230	\$17,190,812	70.94%				
2024	\$23,188,391	\$19,504,262	84.11%				
2025	\$22,123,369	\$22,012,111	99.50%				
2026	\$21,026,840	\$24,676,031	117.35%				
2027	\$19,914,553	\$27,489,258	138.04%				
2028	\$18,782,911	\$30,374,832	161.72%				
2029	\$17,642,669	\$33,343,586	188.99%				
2030	\$16,500,571	\$36,291,509	219.94%				
2031	\$15,384,743	\$39,154,072	254.50%				
2032	\$14,285,343	\$41,862,660	293.05%				
2033	\$13,208,662	\$44,321,718	335.55%				
2034	\$12,159,891	\$46,481,505	382.25%				
2035	\$11,146,287	\$48,267,271	433.03%				
2036	\$10,162,976	\$49,772,300	489.74%				
2037	\$9,218,796	\$51,497,672	558.62%				
2038	\$8,317,502	\$53,663,509	645.19%				
2039	\$7,464,837	\$56,122,138	751.82%				
2040	\$6,660,913	\$58,449,634	877.50%				
2041	\$5,907,810	\$60,246,175	1019.77%				
2042	\$5,206,163	\$61,443,367	1180.20%				
2043	\$4,561,540	\$61,975,306	1358.65%				
2044	\$3,970,784	\$61,839,232	1557.36%				
2045	\$3,434,674	\$61,049,506	1777.45%				
2046	\$2,952,136	\$59,643,424	2020.35%				
2047	\$2,521,061	\$57,646,546	2286.60%				
2048	\$2,139,173	\$55,125,386	2576.95%				
2049	\$1,803,631	\$52,162,059	2892.06%				
2050	\$1,511,232	\$48,862,933	3233.32%				
2051	\$1,258,508	\$45,334,295	3602.23%				
2052	\$1,041,859	\$41,671,271	3999.70%				
2053	\$857,529	\$37,951,152	4425.64%				
2054	\$701,938	\$34,266,457	4881.69%				
2055	\$571,558	\$30,698,666	5371.05%				
2056	\$463,102	\$27,301,516	5895.36%				
2057	\$373,480	\$24,110,241	6455.56%				
2058	\$299,879	\$21,154,131	7054.22%				
2059	\$239,818	\$18,460,387	7697.67%				
2060	\$190,985	\$16,018,170	8387.14%				
2061	\$151,562	\$13,832,526	9126.65%				
2062	\$119,850	\$11,900,533	9929.52%				
2063	\$94,422	\$10,199,566	10802.11%				
2064	\$74,142	\$8,709,362	11746.87%				
2065	\$58,032	\$7,411,157	12770.81%				
2066	\$45,266	\$6,285,182	13885.00%				
2067	\$35,189	\$5,311,116	15093.11%				
2068	\$27,228	\$4,478,643	16448.67%				
2069	\$21,031	\$3,770,454	17928.08%				
2070+	\$87,305	\$21,351,229	24455.91%				

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>	<u>Expected Earned Premium</u>	<u>Expected Incurred Claims</u>	<u>Expected Loss Ratio</u>	<u>Actual to Expected</u>
Hisorical (YE2014)	\$291,996,853	\$14,146,438	4.8%	\$254,318,553	\$13,420,263	5.3%	91.8%
Projected Future (2015 +)	\$368,498,554	\$655,231,049	177.8%				
Total Lifetime Anticipated	\$660,495,407	\$669,377,487	101.3%				

*Actuals for 2014 and prior

Exhibit 7

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014**

No Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,696,573	\$214,137	12.62%
2016	\$1,661,398	\$249,267	15.00%
2017	\$1,608,575	\$292,561	18.19%
2018	\$1,552,864	\$344,542	22.19%
2019	\$1,494,357	\$400,766	26.82%
2020	\$1,445,050	\$464,855	32.17%
2021	\$1,404,574	\$535,461	38.12%
2022	\$1,350,599	\$618,841	45.82%
2023	\$1,300,278	\$715,509	55.03%
2024	\$1,249,326	\$821,842	65.78%
2025	\$1,200,392	\$943,946	78.64%
2026	\$1,152,212	\$1,078,314	93.59%
2027	\$1,099,640	\$1,221,218	111.06%
2028	\$1,047,866	\$1,373,772	131.10%
2029	\$992,663	\$1,542,792	155.42%
2030	\$933,832	\$1,712,440	183.38%
2031	\$879,539	\$1,893,552	215.29%
2032	\$825,832	\$2,076,042	251.39%
2033	\$774,625	\$2,249,177	290.36%
2034	\$724,639	\$2,412,123	332.87%
2035	\$674,770	\$2,568,720	380.68%
2036	\$622,587	\$2,713,788	435.89%
2037	\$574,021	\$2,885,961	502.76%
2038	\$527,204	\$3,099,327	587.88%
2039	\$483,618	\$3,337,226	690.05%
2040	\$441,779	\$3,568,044	807.65%
2041	\$401,841	\$3,784,649	941.83%
2042	\$363,936	\$3,970,886	1091.09%
2043	\$328,169	\$4,126,591	1257.46%
2044	\$294,637	\$4,248,174	1441.83%
2045	\$263,397	\$4,335,156	1645.86%
2046	\$234,471	\$4,393,662	1873.86%
2047	\$207,858	\$4,416,550	2124.79%
2048	\$183,519	\$4,398,930	2396.99%
2049	\$161,396	\$4,337,740	2687.64%
2050	\$141,403	\$4,243,675	3001.12%
2051	\$123,437	\$4,123,038	3340.20%
2052	\$107,373	\$3,972,249	3699.49%
2053	\$93,081	\$3,799,442	4081.87%
2054	\$80,426	\$3,611,605	4490.59%
2055	\$69,263	\$3,414,122	4929.21%
2056	\$59,456	\$3,208,382	5396.23%
2057	\$50,872	\$2,991,998	5881.42%
2058	\$43,380	\$2,768,189	6381.26%
2059	\$36,864	\$2,543,763	6900.40%
2060	\$31,210	\$2,319,711	7432.59%
2061	\$26,328	\$2,098,935	7972.25%
2062	\$22,127	\$1,884,048	8514.70%
2063	\$18,519	\$1,674,539	9042.28%
2064	\$15,436	\$1,475,993	9562.02%
2065	\$12,817	\$1,289,278	10059.12%
2066	\$10,594	\$1,113,762	10513.14%
2067	\$8,722	\$953,634	10933.66%
2068	\$7,148	\$810,604	11340.29%
2069	\$5,830	\$684,775	11745.71%
2070+	\$28,315	\$3,875,543	13687.24%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$20,155,439	\$41,253,319	204.7%
Total Lifetime Anticipated	\$34,503,912	\$41,741,877	121.0%

*Actuals for 2014 and prior

Exhibit 6

**Allianz Life Insurance Company of North America
National**

Policy Form Series : 11-P-Q

As of 12/31/2014

60% Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$1,720,870	\$0	0.0%
2007	\$11,618,948	\$226,659	2.0%
2008	\$25,153,341	\$130,729	0.5%
2009	\$34,229,481	\$635,798	1.9%
2010	\$37,743,853	\$688,811	1.8%
2011	\$36,614,035	\$1,564,630	4.3%
2012	\$35,819,346	\$3,303,696	9.2%
2013	\$35,211,460	\$3,499,104	9.9%
2014	\$34,506,297	\$2,856,344	8.3%
2015	\$31,778,831	\$5,207,896	16.39%
2016	\$33,052,800	\$6,058,493	18.33%
2017	\$43,819,644	\$7,163,639	16.35%
2018	\$43,682,301	\$8,361,271	19.14%
2019	\$41,580,101	\$9,685,466	23.29%
2020	\$39,866,164	\$11,163,272	28.00%
2021	\$38,522,510	\$12,801,792	33.23%
2022	\$37,107,976	\$14,636,888	39.44%
2023	\$35,683,644	\$16,651,902	46.67%
2024	\$34,202,307	\$18,839,505	55.08%
2025	\$32,682,411	\$21,203,410	64.88%
2026	\$31,111,280	\$23,706,391	76.20%
2027	\$29,514,268	\$26,344,523	89.26%
2028	\$27,884,812	\$29,042,446	104.15%
2029	\$26,236,404	\$31,806,035	121.23%
2030	\$24,580,882	\$34,544,092	140.53%
2031	\$22,961,822	\$37,193,910	161.98%
2032	\$21,363,053	\$39,693,479	185.80%
2033	\$19,789,957	\$41,945,205	211.95%
2034	\$18,254,782	\$43,905,649	240.52%
2035	\$16,766,378	\$45,517,608	271.48%
2036	\$15,319,879	\$46,863,661	305.90%
2037	\$13,922,589	\$48,419,772	347.78%
2038	\$12,584,912	\$50,387,838	400.38%
2039	\$11,316,566	\$52,624,699	465.02%
2040	\$10,116,502	\$54,737,193	541.07%
2041	\$8,988,518	\$56,351,923	626.93%
2042	\$7,934,380	\$57,411,038	723.57%
2043	\$6,963,432	\$57,851,393	830.79%
2044	\$6,071,754	\$57,668,358	949.78%
2045	\$5,260,112	\$56,886,647	1081.47%
2046	\$4,527,453	\$55,541,386	1226.77%
2047	\$3,871,394	\$53,644,859	1385.67%
2048	\$3,288,841	\$51,266,429	1558.80%
2049	\$2,775,935	\$48,481,712	1746.50%
2050	\$2,328,112	\$45,387,874	1949.56%
2051	\$1,940,374	\$42,085,229	2168.92%
2052	\$1,607,401	\$38,666,178	2405.51%
2053	\$1,323,747	\$35,198,020	2658.97%
2054	\$1,083,990	\$31,767,357	2930.60%
2055	\$882,883	\$28,449,296	3222.32%
2056	\$715,435	\$25,289,164	3534.80%
2057	\$576,976	\$22,320,277	3868.49%
2058	\$463,214	\$19,570,035	4224.84%
2059	\$370,281	\$17,064,896	4608.63%
2060	\$294,825	\$14,794,401	5018.03%
2061	\$233,872	\$12,762,569	5457.07%
2062	\$184,853	\$10,966,735	5932.68%
2063	\$145,595	\$9,386,560	6447.03%
2064	\$114,298	\$8,004,297	7003.01%
2065	\$89,463	\$6,801,931	7603.07%
2066	\$69,775	\$5,760,560	8255.91%
2067	\$54,251	\$4,861,032	8960.26%
2068	\$42,035	\$4,093,270	9737.77%
2069	\$32,468	\$3,441,735	10600.39%
2070+	\$135,320	\$19,495,024	14406.61%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$291,996,853	\$14,146,438	4.8%
Projected Future (2015 +)	\$510,090,252	\$618,757,200	121.3%
Total Lifetime Anticipated	\$802,087,105	\$632,903,638	78.9%

*Actuals for 2014 and prior

Exhibit 7

**Allianz Life Insurance Company of North America
Virginia Only
Policy Form Series : 11-P-Q-VA
As of 12/31/2014**

60% Rate Increase, Best Estimate & Pricing Interest Rate

<u>Year</u>	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
2006	\$11,466	\$0	0.0%
2007	\$543,553	\$0	0.0%
2008	\$1,248,216	\$0	0.0%
2009	\$1,687,135	\$0	0.0%
2010	\$1,883,282	\$52,266	2.8%
2011	\$1,824,924	\$0	0.0%
2012	\$1,777,823	\$0	0.0%
2013	\$1,744,916	\$180,943	10.4%
2014	\$1,713,245	\$229,746	13.4%
2015	\$1,583,226	\$211,305	13.35%
2016	\$1,666,199	\$246,729	14.81%
2017	\$2,350,617	\$295,382	12.57%
2018	\$2,404,061	\$349,406	14.53%
2019	\$2,317,644	\$406,331	17.53%
2020	\$2,242,614	\$469,806	20.95%
2021	\$2,181,274	\$537,837	24.66%
2022	\$2,097,049	\$618,484	29.49%
2023	\$2,019,986	\$711,268	35.21%
2024	\$1,941,410	\$812,406	41.85%
2025	\$1,866,795	\$928,414	49.73%
2026	\$1,793,439	\$1,055,013	58.83%
2027	\$1,712,993	\$1,189,805	69.46%
2028	\$1,633,834	\$1,332,310	81.55%
2029	\$1,548,597	\$1,488,412	96.11%
2030	\$1,457,535	\$1,644,980	112.86%
2031	\$1,373,605	\$1,811,131	131.85%
2032	\$1,290,432	\$1,977,822	153.27%
2033	\$1,211,385	\$2,135,333	176.27%
2034	\$1,134,155	\$2,281,820	201.19%
2035	\$1,057,636	\$2,420,498	228.86%
2036	\$980,059	\$2,548,134	260.00%
2037	\$904,223	\$2,702,813	298.91%
2038	\$831,010	\$2,896,692	348.57%
2039	\$762,891	\$3,111,743	407.89%
2040	\$697,391	\$3,317,846	475.75%
2041	\$634,761	\$3,508,887	552.79%
2042	\$575,231	\$3,672,069	638.36%
2043	\$518,991	\$3,805,781	733.30%
2044	\$466,196	\$3,906,713	838.00%
2045	\$416,959	\$3,977,654	953.97%
2046	\$371,327	\$4,023,893	1083.65%
2047	\$329,306	\$4,034,361	1225.11%
2048	\$290,852	\$4,007,237	1377.76%
2049	\$255,879	\$3,937,659	1538.88%
2050	\$224,264	\$3,838,037	1711.39%
2051	\$195,850	\$3,715,137	1896.93%
2052	\$170,441	\$3,567,204	2092.93%
2053	\$147,836	\$3,400,753	2300.36%
2054	\$127,817	\$3,222,792	2521.41%
2055	\$110,164	\$3,036,402	2756.26%
2056	\$94,656	\$2,844,067	3004.63%
2057	\$81,079	\$2,644,331	3261.43%
2058	\$69,230	\$2,439,477	3523.73%
2059	\$58,927	\$2,235,938	3794.42%
2060	\$49,994	\$2,034,540	4069.57%
2061	\$42,275	\$1,837,868	4347.41%
2062	\$35,622	\$1,648,033	4626.45%
2063	\$29,914	\$1,464,473	4895.61%
2064	\$25,026	\$1,291,995	5162.61%
2065	\$20,863	\$1,131,084	5421.48%
2066	\$17,324	\$980,626	5660.51%
2067	\$14,331	\$844,022	5889.48%
2068	\$11,806	\$722,020	6115.70%
2069	\$9,686	\$614,756	6346.85%
2070+	\$47,855	\$3,637,265	7600.60%

Summary of Experience at 4% Interest

	<u>Earned Premium*</u>	<u>Incurred Claims*</u>	<u>Loss Ratio</u>
Historical (YE2014)	\$14,348,473	\$488,558	3.4%
Projected Future (2015 +)	\$29,360,018	\$38,431,246	130.9%
Total Lifetime Anticipated	\$43,708,491	\$38,919,804	89.0%

*Actuals for 2014 and prior

Exhibit 8
58/85 Calculations
Allianz Life Insurance of North America
National

Following the format of Section 20(C)(2) of Model 641 (Long-Term Care Insurance Model Regulation), the "58/85" calculation is as follows (all dollar values in millions):

a)	The accumulated value of the initial earned premium is	292.00
	58% of this value:	169.36
b)	The accumulated value of prior premium rate schedule increases is	0.00
	85% of this value:	0.00
c)	The present value of future projected initial earned premiums is	368.50
	58% of this value:	213.73
d)	The present value of future projected earned premium from prior premium rate schedule increases is	0.00
	PV of future projected EP from 60% increase:	221.10
	Combined:	221.10
	85% of this value:	187.93
e)	The accumulated value of past incurred claims is	14.15
	The present value of future projected incurred claims is	720.75
	sum of these 2 values:	734.90
f)	The sum of a,b,c and d is	571.02
	This amount is less than e)	734.90

*Maximum justified rate increase is over 110%

Exhibit 9
National Impact on Premiums
Allianz Life Insurance of North America
Policy Form: 11-P-Q

Assumption	Original Pricing Assumption	Current Best Estimate Assumption
Original Loss Ratio	65.50%	N/A
Morbidity	Claim Cost Development Morbidity – Claim costs were developed using Milliman, USA’s 2002 edition of their Long Term Care Guidelines (Guidelines). The Guidelines were developed from public sources as well as an internal database of \$1.8 billion of Long Term Care insurance claims. Milliman then created and validated the morbidity adjustment factors using their Long Term Care insurance claim data base. Allianz then made some additional adjustments to ensure consistency with several additional sources of claim costs, including the 1997 National Nursing Home Study, and two long term care reinsurers.	Attained age claim costs and Waiver of Premium benefits used in projecting future experience for this form have been developed utilizing Company-specific policy experience enhanced with other industry data as needed. Claim costs vary by joint policy status (joint vs. single), gender and level of home health care (70%, 100% or 130%) with adjustments for elimination periods and riders. There is no morbidity load for anti-selection since this will be the first rate increase for these policies. The impact of underwriting has worn off and the claim projection does not include any future morbidity deterioration or improvements.
Mortality	Mortality - 1994 Group Annuity Reserving Table, with select factors of .5, .6, .7, .8, .9, 1.0 (years 6+)	The projected future experience uses 80% of the gender-distinct 1994 GAM table for mortality without future improvements.
Lapse	Lapse rates vary by inflation protection option, duration, premium payment pattern, and individual policy versus policy with spousal discount rider. Lapse rates are based on our own insured experience. Ultimate lapse rates are consistent with our own insured experience as well as industry experience and judgement. Lapse assumptions for policies with the Paid Up at Age 65 rider will use lapse assumptions identical to those used with the Ten-Year Premium Payment Rider for years one through five. Lapse rates after year five will linearly grade to zero over the remaining years until the insured becomes age 65. For policies issued with simplified underwriting an additional 50 basis points is added to the base lapse assumptions until the insured becomes age 65. This is because persistency is expected to be worse until the insured reaches a retirement age of 65. After age 65, lapse assumptions are identical to base lapse assumptions. See table 10.1 on next page	The Company’s own experience was used for this study. The experience is determined to be credible and the voluntary lapses by duration are as follows: 1 7.00 % 2 3.40 % 3 2.20 % 4 1.50 % 5 1.00 % 6 0.90 % 7 0.75 % (for all durations 7 and above) Additional lapses caused by exhaustion of benefits are also modeled using claim incidence and continuance rates. The total terminations that are not caused by deaths are estimated to be around 1.75% annually as all policyholders are on duration 7+.
Interest Rate	4.00%	4.00%
Expense	Acquisition - See table 10.2 on next page An additional 12.5% of first year premiums - for acquisition costs An additional 14% of first year premiums – for marketing expenses Maintenance: \$65 all years Claims Administration: 4% (for \$50 - \$99 daily benefit) and 6% (for \$100 - \$500 daily benefit) of base incurred claims, (excludes COLA portion of claims) (5% used for simplified underwriting) Percent of Premium: 2.5% of gross premium	Changes in expense are not used to justify the rate increase and are not included in this analysis. It is assumed that original expense assumptions are still appropriate.

Table 9.1 - Lapse Rates

	INDIVIDUAL POLICY		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%

	WITH SPOUSAL DISCOUNT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%

	INDIVIDUAL POLICY WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	7.00%	6.00%	5.00%
2	6.00%	5.00%	4.00%
3	5.00%	4.00%	3.00%
4	3.50%	2.75%	2.00%
5+	2.25%	1.75%	1.25%
6	1.80%	1.40%	1.00%
7	1.35%	1.05%	0.75%
8	0.90%	0.70%	0.50%
9	0.45%	0.35%	0.25%
10+	0.00%	0.00%	0.00%

	WITH SPOUSAL DISCOUNT RIDER AND WITH TEN-YEAR PREMIUM PAYMENT RIDER		
	No COLA	3% and 4% Lifetime Compound, 2X Compound, and 5% Simple	5% Lifetime Compound
Yr 1	6.00%	4.50%	3.00%
2	4.00%	3.00%	2.00%
3	3.00%	2.25%	1.50%
4	2.50%	1.75%	1.00%
5+	2.00%	1.50%	1.00%
6	1.60%	1.20%	0.80%
7	1.20%	0.90%	0.60%
8	0.80%	0.60%	0.40%
9	0.40%	0.30%	0.20%
10+	0.00%	0.00%	0.00%

Table 9.2 - Acquisition Expense

Age	Regular Underwriting	Simplified Underwriting
18-44	\$510	\$314
45-49	\$520	\$320
50-54	\$525	\$323
55-59	\$550	\$338
60-64	\$610	\$375
65-69	\$680	\$418
70-74	\$1,150	\$708
75-79	\$1,400	\$862
80-84	\$1,500	\$923
Avg Cost	\$650	\$400

Reset Form

Revised Rates	
Average Annual Premium Per Member:	3,265
Average Requested Percentage Rate Change Per Member:	60%
Minimum Requested Percentage Rate Change Per Member:	0%
Maximum Requested Percentage Rate Change Per Member:	80

Form#	"Product Name"(if applicable)
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11-P-Q-VA	Generation Protector II
10-R1	Generation Protector II
10-R2	Generation Protector II
10-R3	Generation Protector II
10-R4	Generation Protector II
10-R5	Generation Protector II

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

When Allianz designed the LTC products years ago, we based your initial premium on actuarial assumptions, using the best information available to us at that time. We continually monitor LTC policies and work to balance the needs of our LTC policyholders with the sustainability of the business. LTC insurance rates are affected by many complex factors including interest rates, the number of people who continue coverage, how many of them collect benefits, and for how long.

Based on our actual experience, it's clear we will need to pay substantially more claims than anticipated. We know that policyholders are keeping their policies longer than originally expected, and therefore are incurring more claims due to the longer duration. As a result of these longer durations coupled with higher utilization, we are experiencing increases in claims costs.

We realize the rate increase is difficult for our policyholders, and assure you that we considered all of our options very carefully before increasing your premium.